



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT: LICENSE FOR TRADE / BUSINESS / STORAGE**

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	
Town/City:	Taluka:
Survey/Block/Barrack No.:	
C.T.S. No.:	
Part No./Sheet No.:	
Plot No./Unit No.:	
Area of Land (sq.ft.)	
Road/Street/Lane:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]

**Necessary Particulars about above service:**

Head		Particulars			
1	Number of the Ward committee where business/ storage is proposed	1 [ ] 2 [ ] 3 [ ] 4 [ ]			
2	Type of Business place (Please Tick [✓] as applicable)	[ ] Shop [ ] Godown [ ] Workshop [ ] Open Land			
3	Area (sq.mt.) of business/ storage required as per norms				
4	Type of Business	[ ] Temporary [ ] Permanant			
5	Type of License (Please Tick [✓] as applicable)	<input type="checkbox"/> License for Selling in Municipal Market <input type="checkbox"/> License for Selling in Private Market <input type="checkbox"/> License for Selling Food Articles Outside Market <input type="checkbox"/> License for Slaughtering of animals & Selling of Meat <input type="checkbox"/> License for manufacturing of dairy products <input type="checkbox"/> License For Doing Painful and Unsafe Business <input type="checkbox"/> License For Hawkers / Street Vendors <input type="checkbox"/> License for Handicrafts / Handiworks at Public Place / Road Side <input type="checkbox"/> Other			
6	Number of galas in Market (if Selling in Private Market)				
7	Nature of Business				
8	Details of Storage				
Serial No.	Description of goods to be stored	Quantity of Stock			
		Kilo	Litre	Number	
1					
2					
3					
4					
5					
9	Period of Business (If Temporary)	From		To	

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [✓] or not enclosed tick [X])**

Enclosures		Yes	No	Not Applicable
1	Copy of the construction completion certificate / usage permission along with approved map	[ ]	[ ]	[ ]
2	Consent letter (Any one of the following) a. Proof showing that the applicant is owner of the business place OR b. No objection certificate from Owner on Rs.20/- Stamp Paper, (If the applicant is tenant)	[ ] <b>OR</b> [ ]	[ ]	[ ]

3	Copy of a Ration Card before 01.01.95 Or Photo Pass of the applicant, if applicant is from protected Slum Dwellers Under Maharashtra Slum Development Policy 1971.	[ ]	[ ]	[ ]
4	Internal map of business place	[ ]	[ ]	[ ]
5	Location Map	[ ]	[ ]	[ ]
6	NOC from Fire Brigade	[ ]	[ ]	[ ]
7	Indemnity bond in specified format on stamp paper of Rs. 20/-	[ ]	[ ]	[ ]
8	Copy of Profession Tax registration certificate	[ ]	[ ]	[ ]
9	Copy of Registration Deed, for the partnership firm	[ ]	[ ]	[ ]
10	Shop & Establishment License	[ ]	[ ]	[ ]
11	Copy of the agreement and allotment letter of Gala issued by the Corporation	[ ]	[ ]	[ ]
12	Copy of License given as per Explosive Act	[ ]	[ ]	[ ]
13	Copy of License given as per Petroleum Act	[ ]	[ ]	[ ]

### Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

(

)

**The document may please be delivered to:**

1. Self/Nominated Person [ ] a) C.F.C. [ ] b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

a) U.P.C. [ ]

b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name		Father/Husband Name	
House/Building/Soc. Name:				
Flat/Block/Barrack No.:	Wing/Floor:			
Road/Street/Lane:				
Area/Locality/Town/City:	Taluka:			
Pin code:				
Email Address (if any):				



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT:- CANCELLATION OF LICENSE**

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	

**Necessary Particulars about above service:**

	Head	Particulars
1	License Number	
2	Name of the License Holder	
3	Name of the Business	

4	Address of the Business						
		Pin					
5	Details of Business						
6	Reason for Cancellation of License						

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [ ✓ ] or not enclosed tick [ X ] )**

Enclosures		Yes/No
1	Original copy of License	[ ]

### Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ] a) C.F.C. [ ] b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

a) U.P.C. [ ]

b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name		Father/Husband Name	
House/Building/Soc. Name:				
Flat/Block/Barrack No.:		Wing/Floor:		
Road/Street/Lane:				
Area/Locality/Town/City:			Taluka:	
Pin code:				
Email Address (if any):				



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT:- TRANSFER OF LICENSE BY NOMINATION**

Token Number (For Office Use)

Date:-

/ /

Citizen Identification Number

(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	

**Necessary Particulars about above service:**

Head	Particulars
1 License Number	
2 Name of the License Holder	
3 Name of the Business	

4	Address of the Business										
				Pin							
5	Details of Business										
6	Name, age and address of the person to whom the license is to be transfered.										
Name of the Nominees				Age	Sex	Address of the Nominees					
Surname		Name	Father/Husband's name								
1											
						Pin					
2											
						Pin					
3											
						Pin					
4											
						Pin					
(Note: In case the numbers of nominees are more than 4, then mentioned it on separate page.)											

**Necessary Enclosures related to above application are enclosed as under.**

(If enclosed tick [ ✓ ] or not enclosed tick [ ✗ ] )

Enclosures		Yes/No
1	Succession Certificate given by the competent court	[   ]

### Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]    b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

a) U.P.C. [ ]

b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name				Father/Husband Name			
House/Building/Soc. Name:								
Flat/Block/Barrack No.:				Wing/Floor:				
Road/Street/Lane:								
Area/Locality/Town/City:				Taluka:				
Pin code:								
Email Address (if any):								





## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT: TRANSFER OF LICENSE BY SELLING / PARTNERSHIP  
DEED / OTHER THAN NOMINATION**

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	

**Necessary Particulars about above service:**

Head	Particulars
1 License Number	
2 Name of the License Holder	
3 Name of the Business	

4	Address of the Business										
				Pin							
5	Details of Business										
6	Name, age and address of the person to whom the license is to be transfered.										
Name of the Transferee				Age	Sex	Address of the Transferee					
Surname		Name	Father/Husband's Name								
1											
2											
3											
4											

(Note: In case the numbers of nominees are more than 4, then mentioned it on separate page.)

**Necessary Enclosures related to above application are enclosed as under.**

(If enclosed tick [ ✓ ] or not enclosed tick [ ✕ ] )

Enclosures		Yes/No
1	Permission Letter of License holder (on stamp paper of Rs.20/-)	[   ]
2	No objection certificate from Owner on Rs.20/- Stamp Paper, if the applicant is tenant	[   ]

## Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( ..... )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]    b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

a) U.P.C. [ ]

b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name				Father/Husband Name			
House/Building/Soc. Name:								
Flat/Block/Barrack No.:				Wing/Floor:				
Road/Street/Lane:								
Area/Locality/Town/City:				Taluka:				
Pin code:								
Email Address (if any):								



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT:-** **VARIOUS NOC & PERMISSIONS FROM MARKET DEPARTMENT**

Token Number (For Office Use)

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Date:-

/ /

Citizen Identification Number

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(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	
Town/City:	Taluka:
Survey/Block/Barrack No.:	
C.T.S. No.:	
Part No.:	
Plot No./Unit No.:	
Area of Land (sq.ft.)	
Road/Street/Lane:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]

**Necessary Particulars about above service:**

Head		Particulars						
1	Address of Business							
		Pin						
2	Name of Business							
3	Nature / Type of Business	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanant						
4	Number of the Ward committee where business is proposed	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>						
5	Name of competent officer & address							
6	Reason for requirement of NOC							

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [ ✓ ] or not enclosed tick [ X ] )**

Enclosures		Yes/No
1	Copy of the construction completion certificate / usage permission along with approved map	[   ]
2	Consent letter (Any one of the following) a. Proof showing that the applicant is owner of the business place OR b. No objection certificate from Owner on Rs.20/- Stamp Paper, (If the applicant is tenant)	[   ] <b>OR</b> [   ]
3	Internal map of business place	[   ]
4	Location Map	[   ]
5	NOC from Fire Brigade	[   ]
6	Indemnity bond in specified format on stamp paper of Rs. 20/-	[   ]
7	Copy of Profession Tax registration certificate	[   ]
8	Copy of Registration Deed, for the partnership firm	[   ]

**Declaration**

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]    b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

a) U.P.C. [ ]

b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name				Father/Husband Name			
House/Building/Soc. Name:								
Flat/Block/Barrack No.:				Wing/Floor:				
Road/Street/Lane:								
Area/Locality/Town/City:				Taluka:				
Pin code:								
Email Address (if any):								



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT:- RENEWAL OF ALL TYPE OF LICENSES (AFTER EVERY 1 YEAR - RELATED TO MARKET DEPARTMENT)**

Token Number (For Office Use)

Date:-  /  /

Citizen Identification Number

(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Details of Society (If Application from Society):**

Name Of Society:	<input type="text"/>
Designation	<input type="text"/>

**Address:**

Head	Information
House/Building/Soc. Name:	<input type="text"/>
Flat/Block/Barrack No.:	<input type="text"/> Wing/Floor: <input type="text"/>
Road/Street/Lane:	<input type="text"/>
Area/Locality/Town/City:	<input type="text"/> Taluka: <input type="text"/>
Pin code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ward Committee No.:	1 [ <input type="checkbox"/> ] 2 [ <input type="checkbox"/> ] 3 [ <input type="checkbox"/> ] 4 [ <input type="checkbox"/> ]
Electrol Panel No.:	<input type="text"/>
Telephone No. (if any):	<input type="text"/> Contact Person: <input type="text"/>
Email Address (if any):	<input type="text"/>

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ <input type="checkbox"/> ] Land [ <input type="checkbox"/> ] Building
Property Number (Computerized)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town/City:	<input type="text"/> Taluka: <input type="text"/>
Survey/Block/Barrack No.:	<input type="text"/>
C.T.S. No.:	<input type="text"/>
Part No./Sheet No.:	<input type="text"/>
Plot No./Unit No.:	<input type="text"/>
Area of Land (sq.ft.)	<input type="text"/>
Road/Street/Lane:	<input type="text"/>
Ward Committee No.:	1 [ <input type="checkbox"/> ] 2 [ <input type="checkbox"/> ] 3 [ <input type="checkbox"/> ] 4 [ <input type="checkbox"/> ]

**Necessary Particulars about above service:**

Head		Particulars		
1	License Number		Date	
2	Name of the Business			

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [ ✓ ] or not enclosed tick [ ✕ ] )**

Enclosures		Yes/No
1	NOC from Fire Brigade	[ ]
2	Copy of Profession Tax registration certificate	[ ]
3	Original copy of License	[ ]

**Declaration**

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]    b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

- a) U.P.C. [ ]                      b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name	Father/Husband Name
House/Building/Soc. Name:		
Flat/Block/Barrack No.:	Wing/Floor:	
Road/Street/Lane:		
Area/Locality/Town/City:	Taluka:	
Pin code:		
Email Address (if any):		





## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

<b>SUBJECT:</b>	<b>INCREASE OR DECREASE IN AREA OF BUSINESS PREMISES / WEIGHT / QUANTITIES / ETC.</b>
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Token Number (For Office Use)																	
-------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:-	/	/
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Citizen Identification Number																	
-------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(If Citizen Identification Number is given, do not fill below Details)

### Applicant's Details:

Last Name/ Surname	Name	Father/Husband's Name

### Details of Society (If Application from Society):

Name Of Society:	
Designation	

### Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

### Information of Property:

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	

### Necessary Particulars about above service:

Head	Particulars
1 Number of the Ward committee where business is proposed	1 [ ] 2 [ ] 3 [ ] 4 [ ]
2 Area (sq.mt.) of business (as per norms)	
3 Type of Business (Tick [✓] as applicable)	[ ] Temporary [ ] Permanant

4	Details of Storage			
Serial No.	Description of goods to be stored	Quantity of Stock		
		Kilo	Litre	Number
1				
2				
3				
4				
5				
5	Nature of Business			
6	Period of Business (If Temporary)	From		To
7	Details about Increase/ Decrease in Business and its valid reasons			

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [ ✓ ] or not enclosed tick [ ✕ ] )**

Enclosures		Yes/No
1	Documents of ownership of the additional space	[ ]
2	Up-to-date receipt of Tax bill paid for additional space	[ ]
3	Original copy of license	[ ]

### Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]      b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

- a) U.P.C. [ ]      b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name		Father/Husband Name	
House/Building/Soc. Name:				
Flat/Block/Barrack No.:		Wing/Floor:		
Road/Street/Lane:				
Area/Locality/Town/City:			Taluka:	
Pin code:				
Email Address (if any):				



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT: ADD OR REMOVE THE PARTNERS IN THE ISSUED LICENSE**

Token Number (For Office Use)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:-

/ /

Citizen Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	

**Necessary Particulars about above service:**

Head	Particulars
1 License Number	
2 Name of the License Holder	
3 Name of the Business	

4	Address of the Business									
				Pin						
5	Details of Business									
6	Names, age and address of the persons to be added / removed from the license									
Name of Partners				Age	Sex	Addresses of Partners				
Last Name/ Surname		Name	Father/Husband's Name							
1										
2										
3										
4										
Note: In case the numbers of nominees are more than 4, then mentioned it on separate page.)										
Details about the addition or removal of partners and its valid reasons										

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [ ✓ ] or not enclosed tick [ ✕ ] )**

Enclosures		Yes/No
1	NOC from the original license holder(s) for including / adding the name(s) of partner(s). This should be in the name of Corporation.	[   ]
2	Copy of Registration Deed, for the partnership firm	[   ]
3	NOC from the license holder who's name is to be excluded / removed. This should be in the name of Corporation.	[   ]
4	Original copy of the license	[   ]

## Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]      b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

- a) U.P.C. [ ]      b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address:-**

Last Name/ Surname	Name				Father/Husband Name			
House/Building/Soc. Name:								
Flat/Block/Barrack No.:				Wing/Floor:				
Road/Street/Lane:								
Area/Locality/Town/City:						Taluka:		
Pin code:								
Email Address (if any):								



## ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

**SUBJECT:-** **ISSUE OF DUPLICATE COPY OF MARKET LICENSE**

Token Number (For Office Use)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:-

/ /

Citizen Identification Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(If Citizen Identification Number is given, do not fill below Details)

**Applicant's Details:**

Last Name/ Surname	Name	Father/Husband's Name

**Details of Society (If Application from Society):**

Name Of Society:	
Designation	

**Address:**

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1 [ ] 2 [ ] 3 [ ] 4 [ ]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	

**Information of Property:**

Head	Information
Type of Property (Please Tick [✓] as applicable)	[ ] Land [ ] Building
Property Number (Computerized)	

**Necessary Particulars about above service:**

Head	Particulars
1 License Number	
2 Name of the License Holder	
3 Name of the Business	

4	Address of the Business							
		Pin						
5	Details of Business							
6	Valid reason for requirement of duplicate copy of License							

**Necessary Enclosures related to above application are enclosed as under.**

**(If enclosed tick [✓] or not enclosed tick [X] )**

Enclosures		Yes/No
1	Copy of a complaint filed with police station, if license is stolen or destroyed in fire.	[ ]
2	Original copy of license if it is torn or damaged.	[ ]

### Declaration

I/We ..... state on solemn affirmation that the above information is true and correct to the best of my/our knowledge. If the information given is found wrong then I/We shall be held legally liable for its consequences.

**Date:-**

**Applicant's Signature**

( )

**The document may please be delivered to:**

1. Self/Nominated Person [ ]      a) C.F.C. [ ]      b) Camp No. [ ]

Name of Nominated Person (\_\_\_\_\_)

2. By Post

a) U.P.C. [ ]

b) Register A.D. [ ]

3. Courier [ ]

**(Not to be filled if address is same as above)**

**Correspondence Address: -**

Last Name/ Surname	Name		Father/Husband Name	
House/Building/Soc. Name:				
Flat/Block/Barrack No.:	Wing/Floor:			
Road/Street/Lane:				
Area/Locality/Town/City:	Taluka:			
Pin code:				
Email Address (if any):				