

Application Form for “**Renewal of Food Stuff License**” Service

Note: Fields marked with * are mandatory.

To
The Sub-Divisional Magistrate,

Sub: Prayer for **Renewal of Food Stuff License**.

Sir / Madam,

I would like to avail the aforesaid service from your office. Required details are furnished hereunder.

1. Previous License Details

a	Application No. of Previous License *	<input type="text"/>	b	Original License No. *	<input type="text"/>
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Note: For the first-time renewal, Application No. and Original License No. are same.

2. Applicant's Personal Details

a	Applicant's Salutation * (tick the appropriate)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Er.	<input type="checkbox"/> CA	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	
b	Applicant's First Name *	Middle Name			Last Name *				
	<input type="text"/>		<input type="text"/>			<input type="text"/>			
c	Guardian's Salutation * (tick the appropriate)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Er.	<input type="checkbox"/> CA	<input type="checkbox"/> Dr.	<input type="checkbox"/> Prof.	<input type="checkbox"/> Late
d	Guardian's First Name *	Guardian's Middle Name			Guardian's Last Name *				
	<input type="text"/>		<input type="text"/>			<input type="text"/>			
e	Relation with Guardian * (tick the appropriate)	<input type="checkbox"/> Father	<input type="checkbox"/> Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<input type="checkbox"/> Son			
		<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Father-in-law	<input type="checkbox"/> Mother-in-law			
		<input type="checkbox"/> Son-in-law	<input type="checkbox"/> Daughter-in-law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandson			
		<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Brother-in-law	<input type="checkbox"/> Sister-in-law			
f	Applicant's Date of Birth * (dd/mm/yyyy)	<input type="text"/>		g	Applicant's Gender * (tick the appropriate)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	
h	Applicant's Aadhaar Number	<input type="text"/>							

3. Applicant's Address Details

a	District *	<input type="checkbox"/> Dhalai	<input type="checkbox"/> Khowai	<input type="checkbox"/> Sepahijala	<input type="checkbox"/> Unakoti		
		<input type="checkbox"/> Gomati	<input type="checkbox"/> North Tripura	<input type="checkbox"/> South Tripura	<input type="checkbox"/> West Tripura		
b	Sub-division *	<input type="text"/>		c	Name of Habitation/ Area/ House No. *	<input type="text"/>	
d	Location Type *	<input type="checkbox"/> Block	<input type="checkbox"/> Municipal Corporation	<input type="checkbox"/> Municipal Council	<input type="checkbox"/> Nagar Panchayat	<input type="checkbox"/> ADC	
e	Name of Block/ Municipal Corporation/ Municipal Council/ Nagar Panchayat *	<input type="text"/>					
f	Name of GP/ Ward/ VC *	<input type="text"/>		g	Police Station *	<input type="text"/>	
h	Name of Post Office *	<input type="text"/>		i	Pin Code *	<input type="text"/>	

4. Applicant's Contact Details

a	Mobile Number * (10 digits only)	<input type="text"/>	b	E-Mail	<input type="text"/>
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5. Service Specific Information

Maximum storage (in Kilograms) limit for 'Retail Dealer - A': Sugar - 200, Rice - 1000, Pulses - 200, Salt - 200, Edible Oil - 100, Edible Oil Seeds - 300, Onion - 200 and Potato - 300. Maximum storage (in Kilograms) limit for 'Retail Dealer - B': Sugar - 1000, Rice - 3000, Pulses - 2000, Salt - 2000, Edible Oil - 750, Edible Oil Seeds - 1500, Onion - 750 and Potato - 1000. Maximum storage (in Quintals) limit for 'Wholesale Dealer': Sugar - 2000, Rice - 2000, Pulses - 1200, Salt - 1000, Edible Oil - 1000, Edible Oil Seeds - 5000, Onion - 500 and Potato - 1000.

a	Previous License type * (tick the appropriate)	<input type="checkbox"/> Retail Dealer - A <input type="checkbox"/> Retail Dealer - B <input type="checkbox"/> Wholesale Dealer	b	Proposed License type * (tick the appropriate)	<input type="checkbox"/> Retail Dealer - A <input type="checkbox"/> Retail Dealer - B <input type="checkbox"/> Wholesale Dealer				
c	How long have been Trading (in Years) *	<input type="text"/>	d	Previous License Expiry Date *	<input type="text"/>				
e	Item Category*	<input type="checkbox"/> Sugar	<input type="checkbox"/> Rice	<input type="checkbox"/> Pulses	<input type="checkbox"/> Salt	<input type="checkbox"/> Edible Oil	<input type="checkbox"/> Edible Oil Seeds	<input type="checkbox"/> Onion	<input type="checkbox"/> Potato
f	Business Address *	<input type="text"/>							

6. Eligibility

a	Do you have previous Food Stuff License? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Do you have Certificate of Weights and Measurements from Legal Metrology? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Do you have tax clearance certificate? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Do you want to upload any other supporting document? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Please upload filled and signed (scan) copy of this application form in Attach Annexure page!

Please provide details for the items you have selected "Yes" –

	Document Name *	Reference No.	Date of Issue	Issued by
a				
b				
c				
d				

7. Consent for Sharing Contact Details

a	Do you consent to share your email Id and mobile number with Rapid Assessment System developed by Government of India for taking your feedback on the service? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression