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 *
   b. Original License No. *

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

3. Applicant’s Address Details
   a. District *  Dhalai  Gomati  Khowai  North Tripura  Sepahijala  South Tripura  Unakoti  West Tripura
   b. Sub-division *
   c. Name of Habitation/ Area/ House No. *
   d. Location Type *  Block  Municipal Corporation  Municipal Council  Nagar Panchayat  ADC
   e. Name of Block/ Municipal Corporation/ Municipal Council/ Nagar Panchayat *
   f. Name of GP/ Ward/ VC *
   g. Police Station *
   h. Name of Post Office *  Pin Code *
4. **Applicant’s Contact Details**

a. Mobile Number * (10 digits only)  
b. E-Mail  

5. **Service Specific Information**


6. **Eligibility**

a. Do you have previous Food Stuff License? *  
   - Yes  
   - No  

b. Do you have Certificate of Weights and Measurements from Legal Metrology? *  
   - Yes  
   - No  

c. Do you have tax clearance certificate? *  
   - Yes  
   - No  

d. Do you want to upload any other supporting document? *  
   - Yes  
   - 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” –

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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? *  
   - Yes  
   - No  

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