



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

Details of Society (If Application from Society):

Name Of Society:	
Designation	

Address:

Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor: <input type="text"/>
Road/Street/Lane:	
Area/Locality/Town/City:	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.:	
Telephone No. (if any):	Contact Person: <input type="text"/>
Email Address (if any):	

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town/City:	Taluka: <input type="text"/>
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 [<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

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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):		