



**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 transferred.									
Name of the Transferee			Age	Sex	Address of the Transferee					
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	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):		