

ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJEC	T:-	Issu	JE (OF	D	UΡ	LIC	AT	E (Co	PY	OF	M	AR	KET	r Li	C	ENS	E		
Token Number (For Office Us				Use	2)																
					D ₂)ate:	te:- / /										
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Citizen Identification Nu				umb	er																
	•	Citizen		ntifi	icat	ion	Nu	mbe	r is	giv	en,	do n	ot f	ill b	elow	Det	tail	s)			
Applicant's Details: Last Name/ Surname					Name Father/Husband's Name										n o						
Last	vairie/	Sullial	ne					Ivanie					Father/Husband's Name								
Details of Society (If Applica				tior	tion from Society):																
Name Of Society:					and a society je																
Designation																					
Addre	ess:																				
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	2 [] 3 [] 4	[]													
Electrol Panel No.:			Contact Bonon																		
Telephone No. (if any):				Contact Person:																	
Email Addr	Email Address (if any): Information of Property:																				
	Head	d				1111	orm	alio	1 01	Pr	per	ıy:	Info	orma	ation						
Тур		operty			[] L	and		[] B	uildi	ng									
(Please Tic		as appli	cable)		- 1		1	1						1		ı				
Property Number (Computerized)																					
(Computeriz	cu)		N	Vece	222	rv F	Parti	cula	rs a	han	t aha	ove s	ervi	ice.							
Head					rticulars about above service: Particulars																
1 Licens																					
2 Name of the License Holder																					
3 Name of the Business																					

4 Address of the Business								
	Pin							
5 Details of Business								
5 Details of Business								
6 Valid reason for requirement of								
duplicate copy of License								
Necessary Enclosures rela								
(If enclosed t	ick [✓] or not enclos	sed tick [X])					
Enclosur	res		Yes/No					
1 Copy of a complaint filed with p	olice station, if licens	se is stolen	[]					
or destroyed in fire.								
2 Original copy of license if it is to	rn or damaged.		[]					
	Declaration							
I/We			state on solemn					
•								
affirmation that the above informa	tion is true and correc	t to the best	of my/our knowledge. If					
the information given is found	wrong then I/We	shall be he	eld legally liable for its					
consequences.								
Date:-	ant's Signature							
	()					
The document may please be de	eliverd 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 sa	me as above)							
Correspondence Address: -								
Last Name/ Surname	Name	Fatl	her/Husband Name					
East Parity Surfame	TWITE	Tuti	ret/ Husbaria i varie					
House/Building/Soc. Name:		I						
Flat/Block/Barrack No.:	V	Ving/Floor:						
Road/Street/Lane:	•							
Auga /I agalitas /Tarusa /Citar		l n						
Area/Locality/Town/City:	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	Taluka:					
Pin code: Email Address (if any):			Faluka:					