

**THANE MUNICIPAL CORPORATION, THANE**  
**HEALTH DEPARTMENT**

*Application for New License*

Date : \_\_\_\_\_.

**FOOD DEPARTMENT**

**FORM "A"**  
**(As per Rule No. 5)**

Application for the license for the production/packing/selling of the food products according to the (prevention) of Food Adulteration Rule 1955 under the (registration) rule no.50.

HEALTH OFFICER  
THANE MUNICIPAL CORPORATION, THANE

- 1) Name of the License holder \_\_\_\_\_  
If any partner Full name \_\_\_\_\_  
(Age/Male/Female)
- 2) Residential address (Permanent address) \_\_\_\_\_  
\_\_\_\_\_
- 3) Name of the Shop (if any) \_\_\_\_\_
- 4) Address of the business \_\_\_\_\_
- 5) Name of the building holder \_\_\_\_\_  
T.No. \_\_\_\_\_ Survey No. \_\_\_\_\_ Road. \_\_\_\_\_
- 6) Nature of Business 1) Name of the Product \_\_\_\_\_  
2) Production/Store/Selling/Distribution
- 7) Fees According to Food & Adulteration Act 1962 schedule 1,2 License fees Rs. \_\_\_\_\_
- 8) Date and Year of Business commencement \_\_\_\_\_
- 9) Area of the premises of the shop \_\_\_\_\_ sq.mt. place is to be used
- 10) Annual (Turn over)---(Purchase-Sell) Rs. \_\_\_\_\_
- 11) In my absence, Shri \_\_\_\_\_  
age \_\_\_\_\_ Male/Female.

- 12) Residential address \_\_\_\_\_  
will look after the business.
- 13) I hereby give an undertaking that I shall use the license only within the Thane Municipal limits & follow the rules & regulations laid under the prevention of food adulteration Act of 1954.
- 14) Given above information is correct and true. In case if any details are not true I accept that the application form is cancelled and will not ask for the paid fees. I will apply for the new application with the applicable fees for the license.

Date: \_\_\_\_\_ 200

Applicant's Sign.

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- Notice: 1) To Enquire whether the license is ready or not within a month and to take away the license is responsibility of the business holder.  
2) Cross out the unwanted words.  
3) Applicant (Hawkers) should attach 3 passport size photos with the application.  
4) Application should be filled with ink pen.