



ULHASNAGAR MUNICIPAL CORPORATION CITIZEN FACILITATION CENTRE

SUBJECT:	INCREASE OR DECREASE IN AREA OF BUSINESS PREMISES / WEIGHT / QUANTITIES / ETC.
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Token Number (For Office Use)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

Date:-	/	/	
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Citizen Identification Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

(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: <table border="1" style="width: 50px; height: 20px;"></table>										
Road/Street/Lane:											
Area/Locality/Town/City:	Taluka: <table border="1" style="width: 100px; height: 20px;"></table>										
Pin code:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										
Ward Committee No.:	1 [] 2 [] 3 [] 4 []										
Electrol Panel No.:											
Telephone No. (if any):	Contact Person: <table border="1" style="width: 100px; height: 20px;"></table>										
Email Address (if any):											

Information of Property:

Head	Information																				
Type of Property (Please Tick [✓] as applicable)	[] Land [] Building																				
Property Number (Computerized)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				

Necessary Particulars about above service:

Head	Particulars		
1 Number of the Ward committee where business is proposed	1 [] 2 [] 3 [] 4 []		
2 Area (sq.mt.) of business (as per norms)			
3 Type of Business (Tick [✓] as applicable)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Temporary</td> <td style="width: 50%;"><input type="checkbox"/> Permanant</td> </tr> </table>	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanant
<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanant		

4	Details of Storage			
Serial No.	Description of goods to be stored	Quantity of Stock		
		Kilo	Litre	Number
1				
2				
3				
4				
5				
5	Nature of Business			
6	Period of Business (If Temporary)	From		To
7	Details about Increase/ Decrease in Business and its valid reasons			

Necessary Enclosures related to above application are enclosed as under.

(If enclosed tick [✓] or not enclosed tick [✕])

Enclosures		Yes/No
1	Documents of ownership of the additional space	[]
2	Up-to-date receipt of Tax bill paid for additional space	[]
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):		