

Government of Orissa Food Supplies & Consumer Welfare Department

	PPLICATION FOR GRANT OR RENEWAL OF LICENSE OF WHEAT DEALE				
THE ORISSA WHEAT AND WHEAT PRODUCTS CONTROL ORDER, 1988					
Application for Grant/Renev	val of Licence				
1. Applicant's name					
2. Applicant's profession					
3. Applicant's residence					
4. Detail of place where app act as retailer or wholesaler					
5. Did the applicant hold a lincluding its suspension or	icence on any previous occasion? (if so, give particulars cancelation , if any) \bigcirc YES \bigcirc NO				
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6.Quantity of wheat and wh	eat product handled annualy during the last three years. De				
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	eat product handled annualy during the last three years. De eat products likely to be handled during the current year. De				
7.Quantity of wheat and whe 8.Income-tax paid in the two separately). Specify the ye (a)	eat products likely to be handled during the current year. Do o year preceeding the year of application (to be indicated				
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7.Quantity of wheat and whe B.Income-tax paid in the two separately). Specify the ye (a) (b)	eat products likely to be handled during the current year. Do o year preceeding the year of application (to be indicated ar.				
 7.Quantity of wheat and separately). Specify the year (a) (b) 9. (a)Quantity of wheat and and and and and and and and and and	eat products likely to be handled during the current year. Do o year preceeding the year of application (to be indicated ar.				

I declare that the quantities of wheat and wheat products specified above are in my

knowledge and thses are held at the places noted above possession

I have carefully read the conditions of licence given in form 'B' appended to the orissa Wheat and Wheat products control order 1988 and I agree to abide by them.

(a) I have not previously applied for such licence in this district for wheat products.

b) I applied for such licence in this district for			on	
and was not granted a licence on				
(c) I hereby apply for renewal of lice	ence No	D	ate	

Strike off the items which are not applicable

Date	
Place	

Signature of the Applicant