



NABARANGPUR MUNICIPALITY

APPLICATION FOR LICENCE

Under Section - 290

Renewal of License of the Orissa Municipal Act,1950

1. Name of the applicant Father's Name and Address	
2. Nature of Business for which License is sought for.	
3. Value or quantity of business	
4. Place of business, Date of commencement of Business	
5. Period for which license is required	
6. Remarks	
Date:	Signature of Applicant

DECLARATION

I do hereby declare that the information furnished by me in the form are true to the best of my knowledge and belief and there is no danger to the lives and properties of the people residing nearby my business place. I undertake to take all necessary precautionary measures to maintain safety of highest order. If any accident takes place the Nabarangpur Municipality will not be responsible for it.

Signature of Applicant

(FOR USE IN THE MUNICIPALITY OFFICE)

Enquiry Report	Order

ଓଡ଼ିଶା ମ୍ୟୁନିସିପାଲ ଆକ୍ଟର

ଦଫା ୨୯୦ ଅନୁଯାୟୀ ଲାଇସେନ୍ସ ପାଇବା ନିମନ୍ତେ ଦରଖାସ୍ତ

୧. ଦରଖାସ୍ତକାରୀଙ୍କ ନାମ -
ପିତାଙ୍କ ନାମ ଓ ଠିକଣା -
୨. କି ପ୍ରକାର ବ୍ୟବସାୟ -
୩. ବ୍ୟବସାୟ ପରିମାଣ -
(ମେସିନ୍ ହୋଇଥିଲେ କେତେ ଅଶ୍ୱ ଶକ୍ତି)
୪. ବ୍ୟବସାୟର ସ୍ଥାନ - ହୋ. ନଂ ଓଡ଼ି ନଂ.
୫. କେଉଁ ସମୟ ନିମନ୍ତେ ଲାଇସେନ୍ସ ଦରକାର-
୬. କେତେ ଟଙ୍କା ଫିସ୍ ଡିପୋଜିଟ୍ କଲେ -
୭. ମନ୍ତବ୍ୟ

ଦସ୍ତଖତ

ମୂଲ୍ୟ-୫.୦୦ ଟଙ୍କା ମାତ୍ର

ଦସ୍ତଖତ

Enquiry Report

Order



NABARANGPUR MUNICIPALITY

Self-Declaration Form for issue/ renewal of Trade license

I hereby give the detail pertaining to self-assessment required.

1. Name of the applicant / Firm
2. Father's Name
3. Age & D.O.B yr / /
4. Address
5. Nature of business for which license is sought
6. Purpose for which license is required
7. Value/Quantity of Business
8. Place of business
 - a) Holing No
 - b) Name of the street/locality
 - c) Other particulars for identifying the place
 - d) Plot no
 - e) Revenue Mouza
9. Ownership of the proposed trade site (please tick the appropriate box)
Self Rent
10. Plinth area proposed to be utilized for trade/operation
11. Working hours, A.M/P.M to A.M/P.M
12. Number of Workers engaged
13. Date of commencement Date Month Year
14. Period for which license required to

I do hereby declare that all the above information given by me/ us are true to the best of my / our knowledge.

Yours faithfully,

Date:

Place:

Phone / Contact No:

Signature of the Applicant