

APPLICATION FORM FOR TRADE LICENSE

N.B: FILLUP IN CAPITAL LETTER

TRADER DETAILS		
NAME OF TRADER		
AGE		
FATHERS NAME		
WARD NUMBER		
ADDRESS:		

AT		PO	
DIST.	KANDHAMAL	PIN	
MOBILE NO			
IDENTITY PROOF		ID NUMBER	

TRADE DETAILS:

FIRM NAME		PURPOSE OF LICENSE	
		TYPE OF TRADE	

PLACE OF BUSINESS:

HOLDING NO.			
AT		PO	
DIST.	KANDHAMAL	PIN	
MOB NO.		TRADE WARD NO	

ADDITIONAL DETAILS OF BUSINESS:

COMMENCEMENT DATE		WONER OF TRADE	
PLINTH AREA(SqurFt)		WORKING HOUR FROM	WORKING HOUR TO
NUMBER OF WORKERS			
SIGNATURE OF OFFICER (PHULBANI MUNICIPALITY)		SIGNATURE OF TRADER	

OFFICE USE ONLY:

LICENSE FEES		RECEIPT NO.		DATE	
APPLICATION NO.		DATE			
LICENSE NO.		DATE			