Licensor

INFORMATION ABOUT THE LICENSEE

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1]	Name of the Licensee	:						
2]	Full Address	:						
	(Licensed Room)							
3]	Previous Address							
٥,	Trevious Address	•						
4]	Address of Native place	. —						
-	Address of Native place							
5]	Religion/Caste/Nationality	:						
6]	Is License having Ration car/							
7]	Identification mark	: _						
8]	Occupation / Service	:						
9]	Address & Telephone No.	:						
	of Business / Service							
.0]	Nature of Business	:						
	Doing Since Long							
	Name & Address of a	:						
.1]								
.1]	person who has shown							
.1]	•							
.1]	this premises	 s and th						
	•	— s and th						
.2]	this premises Name of the family members	s and th					Profession	Relation
.2] S.N	this premises Name of the family members						Profession	
S.N 1 2	this premises Name of the family members O.						Profession	
.2] S.N	this premises Name of the family members O.						Profession	
5.N 1 2	this premises Name of the family members O.						Profession	
5.N 1 2 3 4	this premises Name of the family members O.						Profession	
5.N 1 2 3 4	this premises Name of the family members O.						Profession	
5.N 1 2 3 4 5	this premises Name of the family members O.						Profession	
S.N 1 2 3 4 5 6 7	this premises Name of the family members O. 2. 3. 4. 5. 6. 7. 8.	Name	neir relat	ions.	Age	Qualification		Relation
S.N 1 2 3 4 5 6 7	this premises Name of the family members O. B. B. B. B. B. B. B. B. B.	Name	neir relat	ions.	Age			Relation
5.N 1 2 3 4 5 6 7 8	this premises Name of the family members O. B. B. B. B. B. B. B. B. B.	Name	neir relat	ions.	Age	Qualification		Relation
5.N 1 2 3 4 5 6 7 8 13] 14]	Name of the family members O. Name & Contact No. of Lice Address of Licensor Licensor residing since long	Name	neir relat	ions.	Age	Qualification		Relation
5.N 1 2 3 4 5 6 7 8 13]	this premises Name of the family members O. Name & Contact No. of Lice Address of Licensor Licensor residing since long Name, Add. & Tel. No. of	Name	neir relat	ions.	Age	Qualification		Relation
2] S.N 1 2 3 4 5 6 7 8 13] 14] 15] 16]	this premises Name of the family members O. Name & Contact No. of Lice Address of Licensor Licensor residing since long Name, Add. & Tel. No. of Relative or Friend	Name Insor:	neir relat	ions.	Age	Qualification		Relation
2] S.N 1 2 3 4 5 6 7 8 13] 14] 15] 16]	Name of the family members O. Name & Contact No. of Lice Address of Licensor Licensor residing since long Name, Add. & Tel. No. of Relative or Friend Is any case in pending on the	Name nsor : :	neir relat	ions.	Age	Qualification		Relation
5.N 1 2 3 4 5 6 7 8 13] 14]	this premises Name of the family members O. Name & Contact No. of Lice Address of Licensor Licensor residing since long Name, Add. & Tel. No. of Relative or Friend	Name Insor: : : : : : : : : : : : : : : : : : :	neir relat	ions.	Age	Qualification		Relation

(Sign. Of Licensee)

(Sign. Of Licensor)