

Application for Street Vending License.

Date: ____/____/20

To,

The Chief Officer/मुखिय अधिकारी,
Silvassa Municipal Council,
Silvassa UT of D&NH -396230.

1 Photos

2 Photos

Full Name/नाम: _____

Gender/लिंग: Male/पुरुष / Female/ महिला **Age/उमर** _____

Name of Wife/(बिवि): _____ **Age/उमर** _____

Name of Husband/(पति): _____ **Age/उमर** _____

Name of Son/लडके का नाम: _____ **Age/उमर** _____

Name of Daughter/लडकी का नाम: _____ **Age/उमर** _____

Mobile No/मोब नं: 1. _____ 2. _____

Aadhaar No/आधार नं: _____ **Voting Card/वोटिंग:** _____

Present Address/घर का पता: _____

Vending Address/विक्रेता पता: _____

Product/क्या बेचते हो: _____ **Year / कब से बेचते हो:** _____

Ration Card No. (Optional) _____

Online service: Amazon Pay , BharatPe , Paytm , PhonePe ,
PaySwiff , MSwipe , Ftcash , Google Pay

UPI ID _____

Type: Mobile Stationary

Cast: ST SC OBC General

Account No/खाता नं: _____

Bank Name: _____

IFS Code: _____ **Branch Name:** _____

I am applying for street vending license please kindly do needful.
So, it is a request to look on Matter and kindly do needful.

Thanking you,

(_____)

Signature

Note: Attach all the Xerox Copy of above Mentioned Details.