

CONTROLLING OF PLACES OF PUBLIC AMUSEMENT, 2016

Application for grant of Permission Certificate for Operation of Business

Application no. _____

Date: _____

1) Name of the Organiser: _____

2) S/D/W/o: _____

(enclose relevant proof issued by any Government/Administrative Authority)

3) Complete Residential Address & Contact Details:

a) Permanent: _____

b) Temporary: _____

(enclose relevant proof issued by any Government/Administrative Authority)

c) Contact number: Mobile _____, Landline _____

4) Complete address where operation of business is proposed: _____

a) Nature of Business:

b) Contact number: Mobile _____, Landline _____

5) Copy of licenses obtained under various Acts, as applicable *(attach true copy)*

Name of the Department	Reference no.	Date of Issue	Valid upto
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a)

b)

c)

d)

e)

f)

g) any other, specify _____

I/We have read the Policy for "Controlling of Places of Public Amusement, 2016", as notified by the Chandigarh Administration and would be abide to follow the same in true letter and spirit. Furthermore, I/We declare that at any stage, if the information furnished by me/us is found wrong or contravention to any of the provisions of the Policy is done, the permission certificate issued for the operation of business may be suspended/withdrawn.

Date:

(signature of the organiser)