

CHANDIGARH ADMINISTRATION
EXCISE & TAXATION DEPARTMENT



Form VAT 9

(See Section 31 and Rule 28)

APPLICATION FOR PERMISSION BY CASUAL TRADER

To

The Designated Officer,

City / Place :

1.	Particulars of Business																		
1.1	Full name of Applicant and Fathers Name																		
1.2	Trade name, (if different from the above)																		
1.3	Head Office																		
		Pin											State :						
		Tel											Fax						
		E-mail address :																	
1.3.1	Place of business, if any, in UT																		
1.3.2	Place of business from which goods are proposed to be																		

	brought.	
1.4	VRN/TRN, if any	
1.5	PAN No., if any	
1.6	VAT Regn. No., if any, in other state.	
1.7	Proof of identify, (if columns 1.4 to 1.6 are not applicable)	
2.	Particulars of the business event for which application is made in this form.	
(a)	Nature of Business event	
(b)	Date of commencement	/ / 2 0 (dd.mm.yy)
(c)	Date of conclusion	/ / 2 0 (dd.mm.yy)
(d)	Location (address)	
(e)	Description of goods proposed to be sold (Attach list of goods, if necessary)	
(f)	Value of goods proposed to be brought for sale at the place of event.	
(g)	Anticipated Gross Sales (Rs.)	
(h)	Anticipated Tax liability (Rs.)	
(i)	Sale Bill Books (for authentication)	No. of Books Pre-printed Sr. Nos.
(j)	Books of Accounts	

	(for authentication)		
3.	Local correspondence		
(a)	Local contact address		
		Pin	Area :
		Tel	Fax
(b)	Local reference, if any		
(c)	Name and permanent address of event organizer.		
(d)	Attach Confirmation letter of event organizer along with proof of payment, if any		
(e)	Name and address of the owner of location		
(f)	Attach Confirmation letter of the owner of the location and proof of payment, if any.		
4.	Payment details of Fee		
TR No.		Date	Amount
Declaration : I solemnly declare that to the best of my knowledge and belief, the information given on this form is true and correct.			
Name		Designation	
Signature		Date (dd.mm.yy)	

For Office use only.

Date of receipt of application					
Permission Certificate No. and Date					
Security details					
Details of tax payment					
Date of assessment					
Additional tax demand, if any					
Receipt of additional tax demand	Instrument (Tick as applicable)	TR	Demand Draft	Bankers Chq.	
	Instrument No.				
	Amount				
	Date of receipt				
Refund, if any, allowed					
Refund details					
Date of issuance of Tax Clearance Certificate	Instrument No.		Date		Amount

(Signature of designated officer)