

**FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS DEPARTMENT
GOVERNMENT OF HIMACHAL PRADESH**

(APPLICATION FORM FOR OPENING A FAIR PRICE SHOP)

To

**The District Controller,
Food Civil Supplies & Consumer Affairs,**

Sir,

I/We hereby apply for the grant of authorization for being appointed as a Wholesaler / Fair Price Shop-holder under the aforesaid Order. Requisite particulars are given here under:-

1. Full name of the applicant
2. Father/Husband's Name:
3. Complete residential address of the applicant :
4. Name and style of the firm :
5. Complete address of the business premises. (A site plan of the business premises be enclosed). State whether owned or otherwise documentary proof in support thereof be attached.
6. Complete address of the godown(s). (A site plan be enclosed). If any, where specified articles will be stored. State whether owned or otherwise with documentary proof in support thereof.
7. Name of specified articles for which authorization is required.
8. No objection certificate from the Gram Panchayat/ Co-operative Society.

9. Whether the firm is sole proprietorship of the applicant or a partnership firm or a co-operative society or a registered company(in case of a partnership firm an attested copy of the partnership deed be enclosed).

10. In case of co-operative society/company/firm, state the name and address of all Office Bearers/Directors/Partners :

1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>

11. Nature of present business of the ;

(i) firm .	<input type="text"/>
(ii) applicant..	<input type="text"/>
(iii) each partner of the firm.	<input type="text"/>

12. Whether the firm or the applicant or any one of the partners have any interest in any flour mill (chakki) or any Fair Price Shop or Wholesaler functioning in the State of Himachal Pradesh. If so, give full particulars of such chakki, Fair Price Shop or Wholesaler and the nature and extent of interest.

13. Whether the applicant or the firm or any of the partners are running any business in essential commodities in the locality for which authorization is applied for, if so, give complete name and address of the store along with commodities being dealt therein

14. Had/has the applicant, or the firm or any of its partners previously applied for grant of authorisation, if so, give particulars and the result thereof.

15. Whether the applicant or the firm or any of its partners has previously been running a fair price shop for working as a wholesaler ? If so, give full details thereof and reason of its closure.

16. Whether the applicant or the firm or any of its partners is holding any licence issued under the Essential Commodities Act, 1955 or orders issued thereunder. If so, give full details thereof.

17. Whether the applicant or the firm or any of its partners have ever been convicted of any offence under Essential Commodities Act, 1955, if so, give full details.

18. Whether any case or legal proceedings or prosecution under the Essential Commodities Act, 1955 and order issued thereunder is pending in the Food, Civil Supplies & Consumer Affairs Department or in the Court against the applicant or the firm or any of its partners. If so, No. and date of F.I.R. and police station where registered along with brief particulars of the charges and present stage of the proceedings be given.

19. Whether the applicant or the firm has ever been declared as insolvent by the competent court or as defaulter by any bank and whether he/or it is financially capable of running the business for which authorisation is applied for without the aid and assistance of any third party. Brief description of liabilities and assets including Bank Accounts/Deposits etc. be mentioned.

20. Whether the applicant is an ex-serviceman/ a member of the Scheduled Caste/Tribe/Backward Class, Educated Unemployed, Handicapped. If yes proof/certificate in support thereof be attached:-

(a) I, the above name applicant do hereby declare that I am competent/authorized to apply for grant of authorisation in my individual capacity or authorized representative of the firm/ co-operative society;

(b) I, hereby further declare that the particulars against item No. 1 to 20 are true to the best of my knowledge and belief and nothing has been concealed therein and that in the event of misstatement of facts proved subsequently, I undertake to abide by the orders/ directions passed by the competent authority under the order aforesaid ;

(c) I have carefully read the provisions of the Himachal Pradesh Specified Articles (Regulation of Distribution) Order,2003 and I agree to abide by them if granted the authorisation applied for

(d) I further undertake that I shall not deal in such articles of the open market if authorized to deal in the aforesaid specified articles.

Signature of the applicant

Dated.

Place.