**F O R M – ‘B’**

₹ n \_\_\_ Scn ***y*** \_\_\_

y \_\_\_. *fin* \_\_\_

[See Regulation 2.1.2, Regulation 2.1.3 and Regulation 2.1.7]

**Application *for* License except importing under Food Safety and Standards Act, 2006**

**K**ind *of* **B**usiness:

* **Manufacturer**
  + **D**airy **U**nits
  + **V**egetable **O**il *and* **P**rocessing **U**nits
  + **S**laughtering **U**nits
  + **M**eat **P**rocessing **U**nits
  + **G**eneral **M**anufacturing
  + **S**ubstances **A**dded *to* **F**ood
* **Food Services**
  + **R**estaurants
  + **F**ood **V**ending **E**stablishment
  + **C**lub / **C**anteen
  + **C**aterer
  + **H**otel
  + **M**id-**D**ay **M**eal – **C**aterer
  + **M**id-**D**ay **M**eal – **C**anteen
* **Trade / Retail**
  + **S**torage (**E**xcept **C**ontrolled **A**tmosphere + **C**old)
  + **S**torage (**C**old + **R**efrigerated)
  + **S**torage (**C**ontrolled **A**tmosphere + **C**old)
  + **W**holesaler
  + **D**istributor
  + **T**ransportation
  + **R**etailer
  + **F**ood **V**ending **A**gencies

*(Sumdawnna / dàwr) hming*

1. **N**ame *of* **C**ompany / **O**rganization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Sumdawnna / dàwr) address kimchang takin ziah tur*

1. **A**ddress (*dàwr / sumdawnna address*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **P**erson *in* charge *of* operations (*technically qualified person*):
   1. **N**ame \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. **Q**ualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. **H**ome **A**ddress \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. **M**obile **N**o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L**andline **N**o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. **E**mail **ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*@*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*com*
2. **O**wner / **P**erson responsible *for* complying with condition *of* License (*No.* **3.** *nen a inan loh chuân*):
   1. **N**ame \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. **Q**ualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. **H**ome **A**ddress \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. **M**obile **N**o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **L**andline **N**o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. **E**mail **ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com*
3. **E**nter another Phone No *and* Email ID (*if the above number and email cannot be used for* ***OTP*** *verification*)

(*A chunga Phone No leh Email ID te khi* ***OTP*** *thlen nân an hman theih loh chuan,* ***OTP*** *thlenna tur Phone No leh Email dang a hnuaiah hian ziak rawh*)

1. **P**hone **N**o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **E**mail **ID** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com*
3. **Y**ear/s you want to apply for (*i dil duh kùm zât tick rawh le*)

**□** Kùm 1 = ₹2,000/- **□** Kùm 1 = ₹3,000/-

**□** Kùm 2 = ₹4,000/- **□** Kùm 2 = ₹6,000/-

*for* Manufacturers

**□** Kùm 3 = ₹6,000/- **□** Kùm 3 = ₹9,000/-

**□** Kùm 4 = ₹8,000/- **□** Kùm 4 = ₹12,000/-

**□** Kùm 5 = ₹10,000/- **□** Kùm 5 = ₹15,000/-

*Gpay, PhonePe, Bhim, etc a i UPI id; a app in a pek che kha*

1. **UPI ID** (*i UPI app ìn ID a pêk che kha*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **N**ame *of* **F**ood **C**ategory (*i eitur zawrh te tick rawh le; a ṭùl chuan pakhat ai tam a tick theih*)

|  |  |
| --- | --- |
| **01 □** | **D**airy products *and* analogues, excluding products *of* food category 2.0 |
| **02 □** | **F**ats *and* oil, *and* fat emulsions |
| **03 □** | **E**dible ices, including sherbet *and* sorbet |
| **04 □** | **F**ruits *and* vegetables (*including mushrooms and fungi, roots and tubers, fresh pulses and legumes, and aloe vera*), seaweeds, and nuts and seeds. |
| **05 □** | **C**onfectionery |
| **06 □** | **C**ereals *and* cereal products, derived from cereal grains, from roots *and* tubes, pulses, legumes *and* pitch *or* soft core *of* palm tree, excluding bakery wares *of* food category 7.0 |
| **07 □** | **B**akery products |
| **08 □** | **M**eat *and* meat products, including poultry *and* game |
| **09 □** | **F**ish *and* fish products, including molluscs, crustaceans *and* echinoderms |
| **10 □** | **E**ggs *and* egg products |
| **11 □** | **S**weeteners, including honey |
| **12 □** | **S**alts, spices, soups, sauces, salad *and* protein products |
| **13 □** | **F**oodstuffs intended *for* particular nutritional uses |
| **14 □** | **B**everages, excluding dairy products |
| **15 □** | **R**eady-*to*-eat savouries |
| **16 □** | **P**repared Foods |
| **99 □** | **S**ubstances added *to* food |
| **100 □** | **S**tandardised Food Products excluding those covered under category 1 – 14. |
| **18 □** | **I**ndian Sweets *and* Indian Snacks & Savouries products |
| **101 □** | **H**emp Seeds *and* Seed Products. |
| **Q □** | ***A*** *chunga mite khi ka hrethaim lo a, hetah hian ka ziak zawk e* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature of the Applicant /

Authorized Signatory

**Annexure I**

**S** e l f **D** e c l a r a t i o n

*Sumdawnna / dàwr neitu hming*

**I**, Mr. **/** Ms. **/** Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Pâ hming*

S/O **/** D/O Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Home address*

Residence *of* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*do* hereby solemnly affirm *and* declare that all information *and* particulars furnished here by me are true *and* correct to the best of my knowledge *and* that I am the sole proprietor *of*

*Sumdawnna / dàwr hming*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*located at*

*Sumdawnna / dàwr address*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I

further declare that the food business conducted or proposed to be conducted by/through me conforms/shall conform to the ***F****ood* ***S****afety and* ***S****tandards* ***A****ct*, **R**egulations/**B**ye-laws enacted thereunder, and specially to the **G**uidelines on **H**ygiene and **S**anitary **P**ractices provided under schedule **4** of the **R**egistration and **L**icensing **R**egulations published by the **F**ood **S**afety and **S**tandards **A**uthority of **I**ndia or any person authorized on its behalf from time to time.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

|  |  |
| --- | --- |
| **Name of Company / Organization** | *Dàwr / sumdawnna hming* |
| **Address** | *Dàwr / sumdawnna address* |

**L**ist *of* **e**mployees / **w**orkers

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Job Title** | **Name** | **Address** | **Contact No.** |
| **1** | Manager |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |

(Signature)

***Documents Required***:

* Form B
* Self Declaration
* List
* Owner’s Voter ID xerox copy – 1
* Pharmacist’s Voter ID xerox copy – 1
* Proof of ownership of premise
* Blueprint
* List of equipment/machines with details
* List of items to manufacture
* Unit Photograph
* Water test report
* Recall Plan
* NOC from local authority
* List of vehicles with details (for KOB: Transportation)