

CHECKLIST FOR DEALER LICENSE

(Remarks)

1. Name of the Manufacturing concern for :
- which license is desired
2. Complete address of the concern :
4. Date of the Establishment of :
- workshop/factory
5. Company/Firm Type :

Details of proprietor

Name	Type	Relation	Relation name	Address
Vinay	Proprietor	Father	bhuvanachadran	trivandrum

7. Trade Licence No/ Reg. No
8. Local Body Trade issue date :
- Types of weights and measures proposed to be manufactured
- (i) Weights :
- (ii) Measures :
- (iii) Weighing Instruments :
- (iv) Measuring Instruments :

9. Type Of TAX

Tax Type	Tax Number

:

10. Have you applied previously for a Dealer's license

Signature of the applicant