

FORM - B

[Sec sub rule (2) and (3) of rule (4)]

Part - 1

APPLICATION FOR REGISTRATION

To
The Registering Authority
(here specify the area and address)

Sir,
I beg to apply for registration of my Shop / Establishment under the Tripura Shops and Establishment Act, 1970. Particulars about the shop / establishment are furnished in the statement below :

2. Amount of fees Rs..... (Rupees
.....) paid in Treasury Challan No..... on
..... enclosed in original.

STATEMENT

1. Name of Shop / Establishment if any
2. Postal address and exact location of shop / establishment
3. Exact location of office, store-room godown, warehouse of work place if any attached to shop but situation in promises different from these of shop / establishment.
4. Name of shop keeper / employer (with full address Postal / Residential less including father's/husband's name Thana etc)
5. Name of the owner (with full postal address including father's / husband's name Thana etc.)
6. Name of manager if any and his residential address.
7. Name of partners and their residential address
(if a partnership concern)
8. Name and residential address of Directors
(if a limited company)
9. Category of establishment i. e. whether a shop special establishment, residential hotel, restaurant, eating house, theatre, cinema or other place of public amusement or entertainment.
10. Nature of business,
11. Date of commencement of business.

12. Name of members of owner's family employed in the shop/ establishment who live with the owner and are dependent on him/her.

Relationship	Adults	Young person
Males		
Females		
Total		

13. Name of other persons employed

- in a managerial or confidential capacity
- as a traveller, canvasser, messenger, watchman or caretaker and
- exclusively in connection with customs in examination, collection, despatch, delivery or conveyance of goods from or to booking office for transport by rail, road or air docks whatves or airport, (indicate sex and age in case of young person)

14. Total number of employees:

	Adults	Young persons	Total
Males			
Females			
Total			

15. Declaration of weekly closing days (in the case of a shop of commercial establishment). I hereby declare that the above information is true to the best of my knowledge and belief.

Yours faithfully,

Date

Signature Shop-keeper/ employer

Note: 1 Item 3 should be filled only when the office, store room, etc, are separately registered under the Act in respect of such store room etc, are not separately registered, particulars regd, under item 12, 13, 14 should be given separately for each office, storeroom etc.

2. If any item is not applicable, enter 'not applicable'.

Category of establishment (e.g. shop, restaurant, hotel, etc.)
 Name of establishment
 Address of establishment
 Date of commencement of business