



No. D/AJ&KFA _____
Sr. # **9786**

Category _____
Sub Category _____
Date: _____



APPLICATION FORM FOR THE GRANT OF LICENSE UNDER THE AZAD JAMMU & KASHMIR FOOD AUTHORITY ACT, 2017

To

The Director,
AJ&K Food Authority,

Photo

Fee Paid Rs: _____ Challan Form No: _____ Dated: _____
Bank Name: _____
Account Title: **AJ&K Food Authority**
Account No: _____
(Please enclose original fee deposit receipt)

Subject:- Licence for Food Business

Part-I

I/we hereby apply for the license as per subject noted above pursuant to the provisions of section 15, of the Azad Jammu & Kashmir Food Authority Act 2017, for carrying on business of _____

درخواست دہندہ کا نام
Name of Applicant _____
گھر کا پتہ
Residential Address: _____
فون نمبر
Landline No. _____
موبائل نمبر
Cell No. _____
والد یا شوہر کا نام
Father/Husband Name: _____
شناختی کارڈ نمبر
CNIC No. _____
فیکس
Fax: _____
ای میل
Email: _____
کاروبار کا نام
Business Name: _____
کاروبار شروع کرنے کی تاریخ
Business Starting Date: _____
کاروبار کا پتہ
Business Address: _____
کل رقبہ
Total Area (In Sq.ft) _____
استعمال شدہ رقبہ
Covered Area (In Sq.Ft) _____
جگہ کی نوعیت (کرایہ دار یا ذاتی ملکیت)
Land Status (own Land/on rent) _____
کام کرنے والوں کی تعداد
Number of Food Handlers _____
ٹاؤن کا نام
Town Name _____
پرانٹا لائسنس نمبر
Previous License No. _____
معدود مدت
Valid From _____ To _____

Part-II

A. Details of Products being distributed

(In case of distributor, whole seller, warehouse and manufacturer)

Sr. No.	Product Name	Description	Product Registration (If any)	Manufacturing Unit

- Attach complete list with form.

B. Details of stores to whom products are sold/Purchased

(In case of Whole sale, distributors, warehouses, manufacturing units, shops)

Sr. No.	Name & Address of Stores	Contact No.

- Attach complete list with form.

C. Details of suppliers from where products are being purchased

(All business types)

Sr. No.	Brand Name	Category of Product	Product Name	Product Registration No. (If Any)	Ingredients

- Attach complete list with form.

D. Sources of Ingredients

(Only for manufacturer)

Sr. No.	Name & Address of Manufacturing Firm	Name & Address of Supplying Firm	Detail of Ingredients	Supplying firm's License No.	Imported/Local

- Attach complete list with form.

E. Details of Water Purification Plant
(Water plants only)

Water Source(underground/wasa)	
Type of plant (reverse osmosis, ultra, violet, ultra-filtration)	
Manufacturer/Dealer of water purification plant	
License No. of Manufacturer/Dealer of water Purification plant	
Plant capacity Ltr/hr	
Bottle sterilization (Yes/No)	
Method	
Purification dealer of bottles	
Sample code	

- Attach complete list with form.

F. Details of Dairy Shops
(In case of Dairy Business only)

Supplier Name	Address	CNIC No.	Contact No.	Area	Vehicle No.	Quantity Ltrs

- Attach complete list with form.

G. Details of poultry/meat/fish Shops
(In case of Poultry Business only)

Supplier Name	Address	CNIC No.	Contact No.	Area	Quantity Nos./ Kg

- Attach complete list with form.

Part-III
Required Documents Checklist

- Copy of CNIC
- Two passport size photographs
- Original fee deposit receipt
- Affidavit
- Medical Certificates of the food handlers
- Block diagram/Layout of area showing the actual area so intended to be used

I/we will abide by the rules and regulations and at all times adopt and cause to be maintained in good order and efficient action upon the premises, all such appliances or means as the Azad Jammu & Kashmir Food Authority from time to time require for the purpose of minimizing danger to life and property or preventing, abating, or minimizing any nuisance, annoyance or inconvenience to the neighborhood or to the public from the use of which the premises is put. Furthermore, whatever has been declared is true and nothing has been concealed. If there are any changes in future with regard to the information provided in the form, the same shall be immediately reported to the , Azad Jammu & Kashmir Food Authority.

Thanks.

Signature of Applicant

FOR OFFICE USE ONLY

Category: _____ Sub Category: _____

Application Received by: _____ Date: _____

Assistant Director Food Safety/Food Safety Officer: _____

Name & Signature: _____

Remarks: _____

File Received by Licensing office Directorate General

Name & Signature: _____

Date: _____