<u>Pradeshiya Sabha – Karandeniya</u>

Application for Trade License - Year 20.....

1.	Personal information					
	(a) Full name of the Applicant:					
	(b)National Identity Card No :					
	(c)Telephone number:-					
	(d) Postal address:					
2.	Business related information:-					
	(a) Name of the Business:-					
	(b) Address of place of business:					
	 (c) Grama Niladhari Division and number:- (d) Nature of the Business (What the business is about):- (e) Trade Name (if any):- (f) Is it a new business? Yes / No (Cut out unnecessary words) (g) In case of a new business, the date of commencement:- 					
				Local	fy that above information are True and correct. I am Council Act No. 15 of 1987.	
						Signature of the Applicant
03				B. For official use, Hon, Chairman / Secretary, Pradeshiya Sabha -Karandeniya.		
being	fy that I have inspected the above mentioned place carried on here and for the year 20and	I I recommend charging an amount of Rs.				
Date:.						
		Revenue Inspector, Pradeshiya Sabha -Karandeniya.				
	. Public Health Inspector, ending the above application for your recommenda	tion				
⊔aเ כ						
		Chairman / Secretary,				

05. Public Health Inspector,	
Office of Medical Officer of Health,	
Karandeniya	
	Medical Officer of Health, Karandeniya
 06. Medical Officer of Health, Karandeniya I do not recommend / do not recommend to grant mentioned person. I have noticed the following deficiencies related to person 	
Date:	,
	Medical Officer of Health, Karandeniya
07. Chairman / Secretary, Pradeshiya Sabha -Karandeniya I approve/disapprove the issuance of a license to run to person.	the business of the above mentioned
Office of Medical Officer of Health,	
Karandeniya	
	Medical Officer of Health, Karandeniya
08. I approve the issuance of a license for the above b Karandeniya Pradeshiya Sabha authority limit.	ousiness maintaining within the
Date:	,
	Chairman / Secretary, Pradeshiya Sabha -Karandeniya.
09. Receipt number & Date:	