

FORM – B

Application for Registration

Prescribed Under Sub-Rule (2) & (3) of Rule 4 of the West Bengal Shops and Establishment Rules, 1964

PART - 1

To
The Registering Authority
Shops & Establishments
(Here specify the area & address)

SPACE
FOR
STAMP

Sir,

I beg to apply for registration of my Shop / Establishment under the West Bengal Shops and Establishment Act, 1963. Particulars about the Shop / Establishment are furnished in statement below.

Revenue stamps worth Rs. _____ are affixed with this application as the required fee for registration.

STATEMENT

1. Name of the shop / establishment, if any
2. Postal address and exact location of the shop/
establishment.
Police Station
Ward No.
3. Exact location of office, store-room, godown,
warehouse or work place, if any attached to shop but
situated in premises different from those of shop/
establishment
4. Name of shop-keeper / employer
5. Residential address of shop-keeper / employer

6. Name of Manager, if any, and his residential address
7. Name and residential address of Partners (if a partnership concern)
8. Name and residential address of Directors (if a limited company)
9. Category of establishment i.e. whether a shop, commercial 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. Names 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 Persons
Males		
Females		
<hr/>		
Total		
<hr/>		

13. Names of other persons employed:

- (i) In a managerial or confidential capacity:

- (ii) As a traveler, canvasser, messenger, watchman or caretaker; and

- (iii) Exclusively in connection with customs examination, collection, dispatch, delivery or conveyance of goods from or to booking officers for transport by rail, road or air, docks, warehouses or airports (indicate sex and age in case of young persons)

14. Total number of employees:

	Adults	Young Persons	Total
Males			
Females			
Total			

- 15. Declaration of weekly closing days (in the case of a shop or commercial establishment)**
- Full closing day**
- Half closing day**

I hereby declare that the above information is true to the best of my knowledge and belief.

Yours faithfully

Dated

Signature of shop-keeper / employer

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- NOTE:**
- 1. Item 3 should be filled in only when the office, store room etc. are not separately – registered under the Act. In respect of such store rooms etc. not separately registered, particulars required under items 12, 13, 14 should be given separately for each office, store room etc.**
 - 2. If any item is not applicable, enter “Not applicable”.**