

FORM OF APPLICATION FOR LICENCE FOR CONSTRUCTION OF A BARN

1. Name of the applicant :

2. Whether the applicant is an individual, partnership firm or private or public limited company, or co-operative society;

3. If the applicant is an individual give his name, father's name and address. If the applicant is a partnership firm or private or public limited company or co-operative society, give the name and address of the person/persons in charge of the affairs of such firm, company or society as well as the address of such firm, company or society :

4. Name of village, Mandal or Taluq, District and survey No. where the barn/barns are proposed to be constructed:

5. The site in which the barn is proposed to be constructed is owned by the applicant or taken on lease. If taken on lease for how long ?

6. Distance between the own lands or the applicant in which Virginia tobacco will be cultivated and the site for construction of barn :

7. Whether the applicant own any barns already, if so give details :

8. Since how long has the applicant been cultivating/curing tobacco :

9. Whether the barn/barns proposed to be constructed are new or wants to reconstruct the old barns in lieu of dilapidated ones :

10. The sizes of the barn/barns proposed to be constructed.

11. Whether the barns proposed to be constructed are pucca or kutcha:

12. If the applicant was already a registered grower/curer or has already obtained licence for operation of barn furnish the details of last two seasons (Separate sheet may be enclosed):

13. How does the applicant propose to finance the barn construction give details :

Source of finance	Amount
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14. Particulars of fee paid :

I/We do undertake to abide by the provisions of the Tobacco Board Act, 1975 the Rules and Regulation made thereunder and the conditions and stipulations as may be laid down by the Board from time to time.

I/We do here by solemnly declare that to the best of my knowledge the above stated informations are true and correct.

Place :

Date :

Signature of the applicant.