



# KB Management Service

## FSSAI APPLICATION FORM

<b>Name Of Person</b>	
<b>Email Id</b>	
<b>Contact Number</b>	
<b>Name Of Business/ Company (Mention The Name Of Business Entity ( Ex.Company/Firm Name</b>	
<b>Name Of The Nominees Entity (Mention The Name Of The Person Responsible For Talking The Necessary Stapes On Behalf Of Business.</b>	
<b>Choose Of Business Entity</b>	<input type="radio"/> Public Limited Company <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/> Private Limited <input type="radio"/> Other
<b>Address Of Business / Unit (Mention The Address Of Business Where Food Activity Is Carried Out)</b>	
<b>Scoured Your Water Supply</b>	<input type="radio"/> Public Supply <input type="radio"/> Private Supply <input type="radio"/> Other Supply
<b>In How Many State Do You Have Offices / Units Carrying Out Of Business Activity</b>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Or More

<b>Food Product Category</b>	<input type="radio"/> Dairy Product <input type="radio"/> Fats & Oils <input type="radio"/> Edibles Ices <input type="radio"/> Including Ice Creams <input type="radio"/> Fruits & Vegetables <input type="radio"/> Nuts And Seeds <input type="radio"/> Confectionery <input type="radio"/> Cereals And Cereal Products& Pulses <input type="radio"/> Bakery Products <input type="radio"/> Meat And Meat Products <input type="radio"/> Including Poultry <input type="radio"/> Fish And Fish Products <input type="radio"/> Eggs And Egg Products <input type="radio"/> Sweeteners Including Honey <input type="radio"/> Salts <input type="radio"/> Spices <input type="radio"/> Soups <input type="radio"/> Salads And Protean Products <input type="radio"/> Foodstuffs Intended For Particular Nutritional Uses <input type="radio"/> Beverages Excluding Dairy Products <input type="radio"/> Ready To Eat Services <input type="radio"/> Prepared Foods <input type="radio"/> Substances Added To Food Other <input type="radio"/> (not Covered Under Above Categories)
<b>Please Select Your Business Activity</b>	<input type="radio"/> Dhaba/Canteen/Food Stall/Hawker <input type="radio"/> Restaurant <input type="radio"/> Hotel <input type="radio"/> Supplier /Wholesaler /Retailer /Marketer <input type="radio"/> Food Importer/Exporter <input type="radio"/> Food Processing (re-label/re-packing) <input type="radio"/> Vegetable Oil <input type="radio"/> Meat Processing <input type="radio"/> Storage <input type="radio"/> Caterer
<b>Annual Turnover (Mention The Turnover Of Your Business Per Year)</b>	<input type="radio"/> Less Than 20 Crore <input type="radio"/> More Than 20 Crore <input type="radio"/> Less Then 12 Lac <input type="radio"/> More Then 12 Lac <input type="radio"/>
<b>Will You Operate/supply At Central Government Agencies/airports/seaports</b>	<input type="radio"/> Yes.No

<b>Do You Want To Increase Validity Of License</b>	<input type="radio"/> 1 Year <input type="radio"/> 2 Yrs <input type="radio"/> 3 Yrs <input type="radio"/> 4 Yrs <input type="radio"/> 5 Yrs
<b>Pan Card</b>	Attech Doucment
<b>Aadhaar Card</b>	Attech Doucment
<b>Photo Of Person</b>	Attech Doucment
<b>Gst Registration Number</b>	Attech Doucment
<b>Rent Agreement/ Ownership Document</b>	Attech Doucment
<b>Food Safety Management System Plan Or Certificate</b>	Attech Doucment
<b>Electricity/ Water Bill (Business Place)</b>	Attech Doucment
<b>Copy Of Aadhaar Card/ Voter Identity Card Of Proprietor/ Partners/ Director</b>	Attech Doucment
<b>Declaration Form</b>	Attech Doucment
<b>Form IX: Nomination Of Persons By A Company Along With The Board Resolution</b>	Attech Doucment
<b>Affidavit</b>	Attech Doucment