

FORM VAT-VIII
[See rule 27(1)]

APPLICATION FOR PERMISSION BY CASUAL TRADER

To

The Assessing Authority,
Circle

--

1.	Particulars of Business																																									
1.1	Full Name of applicant and Father's Name																																									
1.2	Trade name, (if different from the above)																																									
1.3	Principal place of business																																									
		Pin <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> State: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																																								
		Tel <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table> Fax <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																																								
		E-mail address:																																								
1.3.1	Place of business, if any, in Himachal Pradesh.																																									
1.3.2	Place of business from which goods are proposed to be brought to H.P.																																									
1.4	TIN, if any																																									
1.5	PAN No., if any																																									
1.6	VAT Regn. No., if any, in other State than that mentioned in 1.3																																									
1.7	Proof of identify, if above numbers (columns 1.4 to 1.6 do not exit)																																									
2.	Particulars of the business event for which application is made in this form																																									
(a)	Nature of business event																																									

(b)	Date of commencement			/			/	2	0			(dd. mm. yy)			
(c)	Date of conclusion			/			/	2	0			(dd. mm. yy)			
(d)	Location (address)														
(e)	Description of goods proposed to be sold (Attach list of goods, if necessary)														
(f)	Value of goods proposed to be brought for sale at the place of event														
(g)	Anticipated Gross Sales (Rs.)														
(h)	Anticipated Tax liability (Rs.)														
(i)	Sale Bill Books (for authentication)	No. of Books							Pre-printed Sr. Nos						
(j)	Books of Accounts (for authentication)														
3. Local correspondence															
(a)	Local contract address														
		Pin							Area:						
		Tel							Fax						
(b)	Local reference, if any														
(c)	Name and permanent address of event organizer.														
(d)	Attach Confirmation letter of event organizer alongwith proof of payment, if any.														

(e)	Name and address of the owner of location	
(f)	Attach Confirmation letter of the owner of the location or proof of payment, if any.	
4.	Details of payment of Fee	
TR No.		Date
		Amount
5.	Details of security	
Declaration: I solemnly declare that to the best of my knowledge and belief, the information given on this form is true and correct		
Name		Designation
Signature		Date (dd mm yy)

For office use only

Date of receipt of application						
Permission Certificate No. and Date						
Security details						
Details of tax payment						
Date of assessment						
Additional tax demand, if any						
Receipt of additional tax demand	Instrument (Tick applicable)	as	TR	Demand Draft	Banker's Chq.	
	Instrument No.					
	Amount					
	Date of receipt					
Refund, if any, allowed						
Refund details						
Date of issuance of Tax Clearance Certificate	Instrument No.		Date		Amount	