



To,
The Prescribed Authority,
Department of Tourism
1st Floor, Paryatan Bhavan,
Patto-Panaji Goa - 403001

Sir,

I/WerequesttoissuemepermissionforplacementofDeckbedsandUmbrellas/chairs,tablesonbeachesofGoa. 1.Permission from period of 01st November 2026 to 31st May 2027.

The particulars are as under:

Dated:

D	D	M	M	Y	Y	Y	Y
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[illegible]

2 RegistrationNoof
N.O.Cissuedbylocal
body (In case of
Restaurantowner)

3 Registration No of License issued bytourismdepartment(**Incaseof PrivateShackowner/Hotelier**).

4 OperatedBy:	☐	Company	☐	Individual	Nationality:	
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5 DetailsoftheIndividual/Companywithfulladdressintendingtoplacedeckbeds&umbrellaandchairs&tables.(InCaseof
Company provide name and address of the company)

Company provide name and address of the company,	
NAME of Company/Person:	
AREA	
VILLAGE/TOWN	
TALUKA	PINCODE
PANCARD	
MOBILE	
EMAIL	

6 Nameoftheproprietors (In caseofcompany, authorizedsignatory, Incasepartnersnameofallthepartners)

SR NO	NAME	MOBILENO	AADHAAR NO	PANCARDNO

[illegible]

9.a) Number of Deck beds & Umbrellas:	

b) Number of Tables/
Chairs

10 Applicant permanent resident of Goa

☐ YES

☐ NO

11 DetailsofHotel/GuestHouseN

[illegible]12 Nameof
Restaurant[illegible]

Address*

[illegible]

13 NameofPrivate
Shack

[illegible]

Address*

[illegible]

Place: _____

Date: _____

Signatureoftheapplicant

Enclosures:-Tickmarknecessarydocumentsenclosedwiththeapplicationform																	
DocumentType																	
1	ProofofFullAddress(ifnotmentioned onAadhaar) (Incaseofnewpermission/renewal)*	DocumentNo.															
			D	D	M	M	Y	Y	Y	Y							
		IssueDate:	D	D	M	M	Y	Y	Y	Y							
2	Affidavit	DocumentNo.															
		IssueDate:	D	D	M	M	Y	Y	Y	Y							
3	PANCard	DocumentNo.															
		IssueDate:	D	D	M	M	Y	Y	Y	Y							
4	GSTRegistrationNo.(ifAvailable)	DocumentNo.															
		IssueDate:															
5	LicenseNumber(IncaseofHotel/ Private Shack)	DocumentNo.															
		IssueDate:															
OtherDocument(SpecifynameandotherDetailsintheSpaceprovidedbelow)																	
1		DocumentNo.															
		ValidityDate:	D	D	M	M	Y	Y	Y	Y							
		IssueDate:	D	D	M	M	Y	Y	Y	Y							
2		DocumentNo.															
		ValidityDate:	D	D	M	M	Y	Y	Y	Y							
		IssueDate:	D	D	M	M	Y	Y	Y	Y							
3		DocumentNo.															
		ValidityDate:	D	D	M	M	Y	Y	Y	Y							
		IssueDate:	D	D	M	M	Y	Y	Y	Y							

Note:
1)ALL FIELDS MARKED WITH*(ASTERIX),ARE COMPULSORY.

Forofficeuseonly				
Inward ID:	_____	FormProcessing	DataEntry	DocUploaded
InwardDate:	_____	status	ApplicationVerified	