



Government of Goa
Department of Tourism
1st Floor, Paryatan Bhavan, Patto - Panaji
Goa - 403001

APPLICATION FORM FOR PLACEMENT OF DECK BEDS AND UMBRELLAS ON BEACHES OF GOA

To,
The Prescribed Authority,
☐ North Zone Office,
1st Floor, Paryatan Bhavan, Patto - Panaji
Goa - 403001

☐ South Zone Office,
Block No.43, Ground Floor,
Mathany Saldanha Administrative Complex,
Margao Goa - 403601

Photo of Applicant
or Authorized
Signatory

Sir,

I/We request to issue me permission for placement of Deck beds and Umbrellas/chairs, tables on beaches of Goa under extension of the tourism shack policy 2019-22 for erection of temporary seasonal structures, beach shacks/deck-beds/umbrellas/huts and other structures for further tourist season 2022-2023.

The particulars are as under:

Dated:

D	D	M	M	Y	Y	Y	Y
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☐ New Registration ☐ Renewal Existing NOC No

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1 Applicant Type: ☐ Private Restaurant Owner ☐ Hoteliers ☐ Private Shack Owner

2 Registration No of N.O.C issued by local body (In case of Restaurant owner)

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3 Registration No of License issued by tourism department (Incase of Private Shack owner/Hotelier).

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4 Operated By: ☐ Company ☐ Individual Nationality:

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5 Details of the Individual/Company with full address intending to place deckbeds & umbrella and chairs & tables.(In Case of Company provide name and address of the company)
NAME of Company/Person:

AREA

VILLAGE/TOWN

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TALUKA

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 PINCODE

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PAN CARD

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 AADHAAR

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MOBILE

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 OFFICE NO.

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EMAIL

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6 Name of the proprietors (In case of company, authorized signatory, In case partners name of all the partners)

SR NO	NAME	MOBILE NO	AADHAAR NO	PANCARD NO

7 Village

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 Taluka

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8 Beach Stretch where Deckbeds & Umbrellas / Chairs & tables to be placed.

9. a)Number of Deckbeds & Umbrellas:

 Deckbeds Umbrella
b)Number of Tables/ Chairs:

 Chairs Tables
c) Number of Deckbeds & Umbrellas:

 Deckbeds Umbrella
plus
Number of Tables/Chairs

 Chairs Tables

10 Applicant permanent resident of Goa ☐ YES ☐ NO

11 Details of Hotel / Guest House

NAME OF THE HOTEL*	<div></div>
ADDRESS*	<div></div>

12 Name of Restaurant

Address*	<div></div>
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13 Name of Private Shack

Address*	<div></div>
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Declaration :-

I Shri _____ hereby state that I have read and shall strictly abide by the "Terms and Conditions" for placement of Deck beds and Umbrellas/chairs, tables on beaches of Goa under extension of the tourism shack policy 2019-22 for erection of temporary seasonal structures, beach shacks/deck-beds/umbrellas/huts and other structures for further tourist season 2022-2023.

In case of default/violation or breach or non-compliance by me to any of the terms and conditions of the Policy or any violation as are prohibited under prevailing laws, will lead to immediate cancellation of the permission and Security Deposit would be forfeited to Government treasury and necessary action would be taken up against me by the department and I would be debarred for applying for permission for placement of Deck beds and Umbrellas, chairs/tables on beaches of Goa for 3 tourist seasons.

Place: _____

Date:

D

D

M

M

Y

Y

Y

Y

Signature of the applicant

Enclosures:- Tick mark necessary documents enclosed with the application form

Document Type																	
1	Proof of Full Address (if not mentioned on Aadhaar) (In case of new registration/renewal)*	Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
			D	D	M	M	Y	Y	Y	Y							
		Issue Date :	D	D	M	M	Y	Y	Y	Y							
2	Affidavit	Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Issue Date :	D	D	M	M	Y	Y	Y	Y							
3	PAN Card	Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Issue Date :	D	D	M	M	Y	Y	Y	Y							
4	GST Registration No.	Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Issue Date :															
5	License Number (In case of Restaurant owner)	Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Issue Date :															
6	Aadhaar card of applicant or any other ID proof* (In case of new registration)	Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Issue Date :															
Other Document (Specify name and other Details in the Space provided below)																	
1		Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Validity Date:	D	D	M	M	Y	Y	Y	Y							
		Issue Date :	D	D	M	M	Y	Y	Y	Y							
2		Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Validity Date:	D	D	M	M	Y	Y	Y	Y							
		Issue Date :	D	D	M	M	Y	Y	Y	Y							
3		Document No.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		Validity Date:	D	D	M	M	Y	Y	Y	Y							
		Issue Date :	D	D	M	M	Y	Y	Y	Y							

Note:

1)THE APPLICANT SHALL BRING ALL ORIGINAL DOCUMENTS FOR VERIFICATION AT THE TIME OF REGISTRATION/RENEWAL

2) ALL FIELDS MARKED WITH *(ASTERIX), ARE COMPULSORY.

Inward ID: _____	Form Processing status	<div></div> Data Entry	<div></div> Doc Uploaded
Inward Date: _____		<div></div> Application Verified	