

**Travel Food Services Pvt Ltd**

|   |            |                          |   |                      |        |              |       |                   |  |
|---|------------|--------------------------|---|----------------------|--------|--------------|-------|-------------------|--|
| Name:-  |            | Kannan                   |   | Employee No: 1000158 |        | Department : |       | Admin             |  |
| Designation:-   |            | Executive Administration |   | RL :                 |        |              |       |                   |  |
| Bank Reference NEFT-<br>dated 5.6.24<br>VEN0406202401 |            | IOU                      |   | 1-Jun-24             |        |              |       |                   |  |
| From  |            |                          |   | To                   |        |              |       | 1 To 15 June 2024 |  |
| Sr. No  | Date       | Name                     | Purpose of Visit  | Conveyance           | Others | Food         | Total |                   |  |
| 1   | 13.05.2024 | Rajesh Bhalekar          | Summer refreshment drink salad, lemon, mint & Black Salt dt 10th and 13th May 2024 (Conveyance Voucher) | 170                  |        |              | 170   |                   |  |
| 2   | 15.05.2024 | Rajesh Bhalekar          | summer refreshment drink salad, lemon, mint & Black Salt dt 15th May 2024 (Conveyance Voucher)          | 90                   |        |              | 90    |                   |  |
| 3   | 18.05.2024 | MCGM Royston             | For MCGM licence Idli.com (Supporting attached)   |                      | 200    |              | 200   |                   |  |
| 4   | 18.05.2024 | Electronic Emporium      | AKG mic for office (Bill Attached)  |                      | 9999   |              | 9999  |                   |  |
| 5   | 20.05.2024 | MCGM Royston             | For MCGM licence Burger taco & Natural ice (Supporting attached)  |                      | 5064   |              | 5064  |                   |  |
| 6   | 20.05.2024 | Rajesh Bhalekar          | Summer refreshment drink salad, lemon, mint & Black Salt dt 18th and 20th May 2024 (Conveyance Voucher) | 165                  |        |              | 165   |                   |  |
| 7   | 22.05.2024 | Rajesh Bhalekar          | Summer refreshment drink salad, lemon, mint & Black Salt (Conveyance Voucher)                           | 165                  |        |              | 165   |                   |  |
| 8   | 24.05.2024 | Rajesh Bhalekar          | Summer refreshment drink salad, lemon, mint & Black Salt (Conveyance Voucher)                           | 170                  |        |              | 170   |                   |  |
| 9   | 29.05.2024 | * Henry D'mello          | For Wellness Wednesday lapel mic for TFS HO   |                      | 2000   |              | 2000  |                   |  |
| 10  | 30.05.2024 | Rajesh Bhalekar          | Summer refreshment drink salad, lemon, mint & Black Salt (Conveyance Voucher)                           | 220                  |        |              | 220   |                   |  |
| 11  | 31.05.2024 | Rajesh Bhalekar          | HO To G South Ward return   | 135                  |        |              | 135   |                   |  |
| 12  | 31.05.2024 | Kannan                   | For Health licence transfer bond (Supporting attached)  |                      | 1700   |              | 1700  |                   |  |
| Total   |            |                          |   | 1115                 | 18963  | 0            | 20078 |                   |  |



Cash Voucher

No :

Date 13<sup>th</sup> May 2024

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  |   | Rs.        | P         |
|--------------|---|------------|-----------|
| Paid to      | <u>Mr. Ritesh Bhalerao</u>                              |            |           |
| On A/c of    | <u>Summer Rehydration Refresment</u>                    |            |           |
|              | <u>Salad (Lemon, Ginger, Mint)</u>                      | <u>120</u> | <u>00</u> |
|              | <u>Bleack salt, Cucumbers</u>                           |            |           |
|              | <u>2 Time 10<sup>th</sup> &amp; 13<sup>th</sup> May</u> |            |           |
| Received Rs. | <u>One Hundred Seventy Rupees Only</u>                  | <u>120</u> | <u>00</u> |

Prepared by \_\_\_\_\_

Approved by \_\_\_\_\_

Received by \_\_\_\_\_



Cash Voucher

No :

Date

15<sup>th</sup> May 2014

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars                                     | Rs. | P  |
|---|-----|----|
| Paid to <u>Mr. Rajesh Bhalekar</u>              |     |    |
| On A/c of <u>Summer Rehydration Refreshment</u> |     |    |
| <u>Sabud &amp; Lemon, Ginger, Mint,</u>         |     |    |
| <u>Cucumber</u>                                 | 90  | 00 |
| Received Rs. <u>NPNTY Rupees Only</u>           | 90  | 00 |

Prepared by

Approved by

Received by



Cash Voucher

No :

Date 18/5/2024

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_ Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars                      |                          | Rs. | P |
|----------------------------------|--------------------------|-----|---|
| Paid to <u>McGM (Restaurant)</u> |                          | 200 |   |
| On Ac of <u>For McGM license</u> |                          |     |   |
| <u>Idli.com (sup parking</u>     |                          |     |   |
| <u>attached)</u>                 |                          |     |   |
| Received Rs.                     | <u>Two hundred only.</u> | 200 |   |

*P*

Prepared by

Approved by

Received by



# BRIHANMUMBAI MUNICIPAL CORPORATION

## Health Receipt

Receipt No.: 713047127  
Date : 18.05.2024

KE Ward

License Number : **888041759**  
Payment ID : 4604164146  
Received From : **MR. Y K BENJAMIN DEVAPRASAD .**  
Name of Firm : SEMOLINA KITCHENS PRIVATE LIMITED (IDLI.COM  
CURRY KITCHEN)  
Name of Licensee : **MR. Y K BENJAMIN DEVAPRASAD .**  
MY BMC BUILDING UID : KE0506065050000  
PAN : AGOPD3693C  
GST Number :  
BMC PAN : AAALM0042L  
BMC GST Number : 27AAALM0042L3Z4

| Sr No.          | SAC / Activity Code | Description of Activity | Amount(Rs.) |
|-----------------|---------------------|-------------------------|-------------|
| 1               | 999111              | SCRUTINY FEES           | 200.00      |
| Net Amount(Rs.) |                     | CGST(0%)                | SGST(0%)    |
| <b>200</b>      |                     |                         | <b>200</b>  |

Gross Amount (In Words) : **TWO HUNDRED** Only

Cash Voucher

No :

Date 18/5/2024

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  |   | Rs.  | P |
|--------------|---|------|---|
| Paid to      | AK & Mic Electronic Emporium                  | 9999 |   |
| On Ac of     | AK & mic for office<br>(Bill Attached)        | /    |   |
| Received Rs. | Nine thousand Nine hundred & Ninety nine only | 9999 |   |

9 Ninety nine only  
P

Prepared by

Approved by

Received by



**Sold By :**

Electronic Emporium  
\* 29/30,Vijay Chambers,Opposite Dreamland  
Cinema,, Tribhuvan Road,Grant Road East,  
MUMBAI, MAHARASHTRA, 400004  
IN

**Billing Address :**

Travel food services pvt ltd  
Shiv Sagar estate, A Block, 1st floor, Dr. Annie  
Besant Road, Worli  
MUMBAI, MAHARASHTRA, 400018  
IN  
State/UT Code: 27

**PAN No:** AAAFE1364K

**GST Registration No:** 27AAAFE1364K1Z1

**Shipping Address :**

Travel food services pvt ltd  
Travel food services pvt ltd  
Shiv Sagar estate, A Block, 1st floor, Dr. Annie  
Besant Road, Worli  
MUMBAI, MAHARASHTRA, 400018  
IN  
State/UT Code: 27

**Place of supply:** MAHARASHTRA

**Place of delivery:** MAHARASHTRA

**Invoice Number :** IN-2326

**Invoice Details :** MH-153702961-2425

**Invoice Date :** 18.05.2024

**Order Number:** 408-6621687-9468342

**Order Date:** 18.05.2024

| Sl. No        | Description  | Unit Price | Qty | Net Amount | Tax Rate | Tax Type | Tax Amount       | Total Amount     |
|---------------|--|------------|-----|------------|----------|----------|------------------|------------------|
| 1             | AKG WMS40 Mini Single Vocal Set US45A Wireless Microphone System   B005SUSWWU ( WMS40MinisingleVocal )<br>HSN:85181000 | ₹8,473.72  | 1   | ₹8,473.72  | 9%       | CGST     | ₹762.64          | ₹9,999.00        |
|               |  |            |     |            | 9%       | SGST     | ₹762.64          |                  |
| <b>TOTAL:</b> |  |            |     |            |          |          | <b>₹1,525.28</b> | <b>₹9,999.00</b> |

**Amount in Words:**

**Nine Thousand Nine Hundred Ninety-nine only**

**For Electronic Emporium:**

**Authorized Signatory**

Whether tax is payable under reverse charge - No

|  |   |                                   |  |
|--|---|-----------------------------------|--|
| <b>Payment Transaction ID:</b><br>2Wm7H6KwK26jY4sEoGfo | <b>Date &amp; Time:</b> 18/05/2024, 19:59:29<br>hrs | <b>Invoice Value:</b><br>9,999.00 | <b>Mode of Payment:</b> Credit<br>Card |
|--|---|-----------------------------------|--|

Cash Voucher

No :

Date 20/9/2024

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  | Rs.         | P |
|--|-------------|---|
| Paid to <u>MCGM (Rogyan)</u>                       | <u>200</u>  |   |
| On A/c of <u>Food Eating House license</u>         | <u>4864</u> |   |
| <u>Burger Tacos &amp; Natural Tea</u>              |             |   |
| <u>(Supporting Attached)</u>                       |             |   |
| Received Rs. <u>Five thousand &amp; sixty four</u> | <u>5064</u> |   |

(R)

Prepared by

Approved by

Received by







# BRIHANMUMBAI MUNICIPAL CORPORATION

## Health Receipt

Receipt No.: 713047485  
Date : 20.05.2024

KE Ward

License Number : **888041769**  
Payment ID : 4604164880  
Received From : **MR. Y K BENJAMIN DEVAPRASAD .**  
Name of Firm : SEMOLINA KITCHENS PRIVATE LIMITED (BURGER TACO CO)  
Name of Licensee : **MR. Y K BENJAMIN DEVAPRASAD .**  
MY BMC BUILDING UID : KE0506065050000  
PAN : AGOPD3693C  
GST Number :  
BMC PAN : AAALM0042L  
BMC GST Number : 27AAALM0042L3Z4

| Sr No.          | SAC / Activity Code | Description of Activity | Amount(Rs.) |
|-----------------|---------------------|-------------------------|-------------|
| 1               | 999111              | SCRUTINY FEES           | 200.00      |
| Net Amount(Rs.) |                     | CGST(0%)                | SGST(0%)    |
| <b>200</b>      |                     |                         | <b>200</b>  |

Gross Amount (In Words) : **TWO HUNDRED** Only

Disclaimer : This is computer generated receipt which does not require signature.



# BRIHANMUMBAI MUNICIPAL CORPORATION

P. Prabaker

## Health Receipt

Receipt No.: 712995152  
Date : 24.03.2024

KE Ward

License Number : **888038014**  
Payment ID : 4604094749  
Received From : **MR. Y K BENJAMIN DEVAPRASAD .**  
Name of Firm : SEMOLINA KITCHENS PRIVATE LIMITED (NATURAL ICE  
CREAM)  
Name of Licensee : **MR. Y K BENJAMIN DEVAPRASAD .**  
MY BMC BUILDING UID : KE0506065050000  
PAN : AGOPD3693C  
GST Number :  
BMC PAN : AAALM0042L  
BMC GST Number : 27AAALM0042L3Z4

| Sr No.          | SAC / Activity Code | Description of Activity | Amount(Rs.) |                   |
|-----------------|---------------------|-------------------------|-------------|-------------------|
| 1               | 999111              | SCRUTINY FEES           | 200.00      |                   |
| 2               | 997339              | LICENSE FEES            | 1435.00     |                   |
| 3               |                     | SECURITY DEPOSIT        | 359.00      |                   |
| 4               | 999111              | TRADE REFUSAL CHARGES   | 2870.00     |                   |
| Net Amount(Rs.) |                     | CGST(0%)                | SGST(0%)    | Gross Amount(Rs.) |
| 4864            |                     |                         |             | 4864              |

Gross Amount (In Words) : **FOUR THOUSAND EIGHT HUNDRED SIXTY-FOUR** Only

Disclaimer : This is computer generated receipt which does not require signature.

Cash Voucher

No :

Date 20th May 24

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  |                                       | Rs. | P  |
|--------------|---------------------------------------|-----|----|
| Paid to      | <u>Mr - Rajesh Bhadkar</u>            |     |    |
| On Ac of     | <u>Summer Refreshment</u>             |     |    |
|              | <u>Rehydration ← Mint, Cucumbers,</u> |     |    |
|              | <u>Lemon, Ginger</u> 2 Times          | 165 | 00 |
|              | <u>18th &amp; 20th May 2024</u>       | 1   |    |
| Received Rs. | <u>One Hundred Spedy five Only</u>    | 165 | 00 |

Prepared by

Approved by

Received by



Cash Voucher

No :

Date

22/5/2024

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  |   | Rs. | P  |
|--------------|---|-----|----|
| Paid to      | Mr. Rajesh Bhalekar                             |     |    |
| On Ac of     | Summer Salad Refreshment                        |     |    |
|              | Drink (Cucumber, Mint,<br>Lemon, Ginger) 2 time | 165 | 00 |
| Received Rs. | One Hundred Spedy Five Only                     | 165 | 00 |

Prepared by

Approved by

Received by



Cash Voucher

No :

Date

24/5/2024

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  |                                 | Rs. | P  |
|--------------|---------------------------------|-----|----|
| Paid to      | Mr. Rajesh Bhadelon             |     |    |
| On A/c of    | Summer Salad Refreshment        |     |    |
|              | Drink (Cucumber, Mint)          |     |    |
|              | Lemon, Ginger) 2 Time           | 170 | 00 |
| Received Rs. | One Hundred Seventy Rupees Only | 170 | 00 |

Prepared by

Approved by

Received by



Cash Voucher

No :

Date 29/05/2025

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars                              | Rs.  | P |
|--|------|---|
| Paid to <u>Henry Dimple</u>              | 2000 |   |
| On A/c of <u>for weekend's Wednesday</u> |      |   |
| <u>typed mic for Rs 110</u>              | 1    |   |
| Received Rs. <u>Two thousand only.</u>   | 2000 |   |

*(Signature)*

Prepared by

Approved by

Received by

Cash Voucher

No :

Date

30/05/2024

Travel Food Services Pvt.Ltd

Debit to

Cost :

Center

| Particulars                             |                                       | Rs. | P  |
|---|---------------------------------------|-----|----|
| Paid to <u>Mr. Rajesh Thakur</u>        |                                       |     |    |
| On Ac of <u>Summer Refreshment</u>      |                                       |     |    |
| <u>Salad &amp; Meat, Corgel, Lemon,</u> |                                       | 220 | 00 |
| <u>Cucumber</u>                         |                                       |     |    |
| <u>3 Times</u>                          |                                       |     |    |
| Received Rs.                            | <u>Two Hundred Twenty Rupees Only</u> | 220 | 00 |

Prepared by

Approved by

Received by



Cash Voucher

No :

Date

31/05/24

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars                                      |  | Rs.   | P |
|--|--|-------|---|
| Paid to <u>Ravish B</u>                          |  |       |   |
| On A/c of <u>H.O to G/Soan ward 89 500/-</u>     |  | 135/- |   |
| <u>rest</u>                                      |  | ∫     |   |
| Received Rs. <u>One hundred Thirty Five 00/-</u> |  | 135/- |   |

Prepared by

Approved by

Received by





Cash Voucher

No :

Date 31/05/2025

# Travel Food Services Pvt.Ltd

Debit to \_\_\_\_\_

Cost : \_\_\_\_\_

Center \_\_\_\_\_

| Particulars  |                             | Rs.  | P |
|--------------|-----------------------------|------|---|
| Paid to      | Komen                       | 1000 |   |
| On A/c of    | for Health license transfer | 400  |   |
|              | Bond. (Supporting Attached) | 300  |   |
| Received Rs. | One thousand Seven hundred  | 1700 |   |

②

only



Prepared by

Approved by

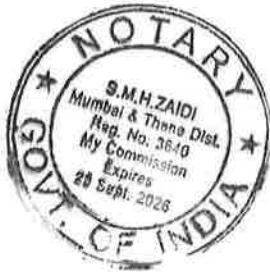
Received by



महाराष्ट्र MAHARASHTRA

© 2023 ©

CM 459589



प्रधान मुद्रांक कार्यालय, मुंबई  
प.मु.वि.क. ७००००९८  
- 9 MAY 2024  
सक्षम अधिकारी

श्रीमती लता सांगळे

**Undertaking cum Indemnity Bond**

I/We Y. K. Benjamin Devaprasad, aged about 52 years, an Indian inhabitant, the authorized signatory of the company M/s. Semolina Kitchens Private Limited having his address at Burger Taco, Terminal-1 C Level 3, S.H.A. C.S.I.A, Santacruz East, Mumbai 400099, Maharashtra, do hereby state on solemn affirmation as under:

- (1) I say that I have applied to the MCGM for grant of health license under Section 394 of Mumbai Municipal Corporation Act, 1888 and for issuance of compliance certificate of codified Fire Safety Requirements vide application dated for carrying on the trade of Eating House at Semolina Kitchens Private Limited

Having his address at Burger Taco, Terminal-1 C Level 3, S.H.A. C.S.I.A, Santacruz East, and Mumbai 400099. (Hereinafter referred to as "the said premises")

(2) I/ We say that I/ We have also obtained Establishment certificate from under the Bombay Shops and Establishment Act, 2003 for carrying on the trade of Eating House at Semolina Kitchens Private Limited having his address at Burger Taco, Terminal-1 C Level 3, S.H.A. C.S.I.A, Santacruz East, Mumbai 400099 Maharashtra Hereto annexed is the copy of the said Establishment Certificate.

(3) I/ We hereby undertake that the said premises are having area admeasuring - Square Meter and I/ We have carried out the compliance of stipulated codified Fire Safety Requirements for the said trade by the Chief Fire Officer in the said premises.

(4) I/ We hereby agrees and undertake that I/ We shall not use more than authorized permissible commercial licensed area for the trade purpose. MCGM shall have all rights to terminate/ cancel and/ or revoke the said license as well as compliance certificate of codified Fire Safety Requirements without any further Notice/ Intimation, if I/ We found using additional area other than permitted area.

(5) I/ We hereby undertake that I/ We have complied with the specified terms and conditions of License of Health department and codified Fire Safety Requirements in the said premises.

(6) I/ We say that the trade for which license is applied is not prohibited in residential area.

(7) I/ We am/ are aware that the said license is not transferable.

(8) I/ We undertake that we will not carry out any other trade save and except the trade allowed in the said License.

(9) I/ We undertake that MCGM shall have all rights to terminate/ cancel and/ or revoke the said license as well as compliance certificate of codified Fire Safety Requirements without any Notice/ Intimation, if any untoward incident takes place in the said premises including causality involving loss of property and/ or human lives due to my/ our trade/ business.

(10) I/ We say and undertake that I/ We are aware of the terms and conditions of the said license as well as stipulated codified Fire Safety Requirements for carrying on the said trade and the same are binding on me/ us.

(11) I/ We say and undertake that I/ We am/ are aware of the provisions of The Maharashtra Fire Prevention and Life Safety Measures Act, 2006 and the same shall be binding on me/ us.

(12) I/ We say and undertake that Test Certificate regarding Electric Audit for electrical fittings/ fixtures installed in the said premises are as per Electricity Act & Rules from Govt. approved electrical Inspector.

(13) I/ We say and undertake that Certificate in Form-A from Licensed Agency for Fire Resistance Door is installed in the said premises.

(14) I/ We say and undertake that as per the provisions of Section 3(3) of The Maharashtra Fire Prevention and Life Safety Measures Act, 2006 and Rule 4(1)/ Rule 1(2) of the Maharashtra Fire Prevention and Life Safety Measures Rules, 2009, Form-A and/ or Form-B, Certificate (as applicable) from authorized Licensed agency regarding Fire-Fighting and Fire-Protection system/ equipment, is installed on the said premises. (Wherever Applicable).

(15) I/ We say and undertake that the layout of the my/ our establishments is as per the Architect plan which is submitted along with the application.

(16) I/ We say and undertake that LPG / PNG / electrical installation is tested by authorized contractor and the same are in good working condition.

(17) I/ We say and undertake that Heat/ Hot gases and smoke are disposed off in safe manner in accordance with the provisions of Maharashtra Pollution Control Board.

(18) I/ We say and undertake that the said premises will be maintained fire compliant.

(19) I/ We say that I/ We shall abide by the terms and conditions formulated by the MCGM from time to time.

(20) I/ We am/ are aware and accept that MCGM has all rights to terminate/ cancel the License and compliance certificate of codified Fire Safety Requirements of Fire Department, without any Notice/ Intimation in the event of submissions of wrong and/ or incorrect information and/ or otherwise. The decision of the MCGM in this regards shall be final and binding on me/ us.

(21) I/ We hereby Indemnify the MCGM from and against all actions, acts, costs, claims, damages, demands of any nature and kind whatsoever, which may be instituted, claimed or made against the MCGM its officers, servants and agents and the Municipal Commissioner for MCGM by any person or persons, any third party or legal entity by reasons of the MCGM having granted to me/ us the said health license under Section 394 of M.M.C. Act.

(22) I/ We are aware and accept that I/ We shall be liable to civil as well as criminal prosecution in the event, information submitted by me/ us are found to be false and/ or incorrect and License fee/ deposit amount paid by me/ us shall be forfeited.

(23) I/ We say and undertake that the undertaking is binding on me/ us/ my/ our/ its legal heirs/ representatives/ partners/ directors who are responsible for the acts done by the company / firm/ owner from time to time.

(24) I/ We are submitting copy of the Aadhar Card and/ or Pan Card towards my/ our Identification.

#### VERIFICATION

I/ We Y. K. Benjamin Devaprasad state on solemn affirmation that whatever stated herein above is true to my/ our own knowledge and I/ We believe the same to be true and correct.

Notary



Notary Registration No.

ATTESTED BY ME

S. M. H. ZAIDI  
NOTARY

Government of India  
Mumbai & Thane Dist

Y. K. Benjamin  
DEPONENT

Photograph

**Note:** In case of Applicant Being Company, copy of Resolution passed by the company authorizing one of the director to sign on behalf of the company shall be insisted upon.

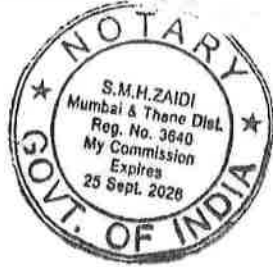
18 MAY 2024



महाराष्ट्र MAHARASHTRA

● 2023 ●

CM 459590



प्रधान मुद्रांक कार्यालय, मुंबई  
प.मु.ति.क. १.००००९८  
- 9 MAY 2024  
सक्षम अधिकारी

श्रीमती लता सांगळे

**Undertaking cum Indemnity Bond**

I, We Y. K. Benjamin Devaprasad, aged about 52 years, an Indian inhabitant, the authorized signatory of the company M/s. Semolina Kitchens Private Limited having his address at Shawarma Shack, Terminal-1 C Level 3, S.H.A. C.S.I.A, Santacruz East, Mumbai 400099, Maharashtra, do hereby state on solemn affirmation as under:

- (1) I say that I have applied to the MCGM for grant of health license under Section 394 of Mumbai Municipal Corporation Act, 1888 and for issuance of compliance certificate of codified Fire Safety Requirements vide application dated for carrying on the trade of Eating House at Semolina Kitchens Private Limited having his address at Shawarma Shack, Terminal-1 C Level 3, S.H.A. C.S.I.A, Santacruz East, Mumbai 400099. (Hereinafter referred to as "the said premises")

(2) I/ We say that I/ We have also obtained Establishment certificate from under the Bombay Shops and Establishment Act, 2003 for carrying on the trade of Eating House at Semolina Kitchens Private Limited having his address at Shawarma Shack, Terminal-1 C Level 3, S.H.A. C.S.I.A, Santacruz East, Mumbai 400099 Maharashtra Hereto annexed is the copy of the said Establishment Certificate.

M.H.ZAIDI  
Adv. & Theop. Dist.  
Reg. No. 3640  
/ Commission  
Expires  
25 Sept. 2028

(3) I/ We hereby undertake that the said premises are having area admeasuring - Square Meter and I/ We have carried out the compliance of stipulated codified Fire Safety Requirements for the said trade by the Chief Fire Officer in the said premises.

(4) I/ We hereby agrees and undertake that I/ We shall not use more than authorized permissible commercial licensed area for the trade purpose. MCGM shall have all rights to terminate/ cancel and/ or revoke the said license as well as compliance certificate of codified Fire Safety Requirements without any further Notice/ intimation, if I/ We found using additional area other than permitted area.

(5) I/ We hereby undertake that I/ We have complied with the specified terms and conditions of License of Health department and codified Fire Safety Requirements in the said premises.

(6) I/ We say that the trade for which license is applied is not prohibited in residential area.

(7) I/ We am/ are aware that the said license is not transferable.

(8) I/ We undertake that we will not carry out any other trade save and except the trade allowed in the said License.

(9) I/ We undertake that MCGM shall have all rights to terminate/ cancel and/ or revoke the said license as well as compliance certificate of codified Fire Safety Requirements without any Notice/ Intimation, if any untoward incident takes place in the said premises including causality involving loss of property and/ or human lives due to my/ our trade/ business.

(10) I/ We say and undertake that I/ We are aware of the terms and conditions of the said license as well as stipulated codified Fire Safety Requirements for carrying on the said trade and the same are binding on me/ us.

(11) I/ We say and undertake that I/ We am/ are aware of the provisions of The Maharashtra Fire Prevention and Life Safety Measures Act, 2006 and the same shall be binding on me/ us.

(12) I/ We say and undertake that Test Certificate regarding Electric Audit for electrical fittings/ fixtures installed in the said premises are as per Electricity Act & Rules from Govt. approved electrical Inspector.

(13) I/ We say and undertake that Certificate in Form-A from Licensed Agency for Fire Resistance Door is installed in the said premises.

(14) I/ We say and undertake that as per the provisions of Section 3(3) of The Maharashtra Fire Prevention and Life Safety Measures Act, 2006 and Rule 4(1)/ Rule 1(2) of the Maharashtra Fire Prevention and Life Safety Measures Rules, 2009, Form-A and/ or Form-B, Certificate (as applicable) from authorized Licensed agency regarding Fire-Fighting and Fire-Protection system/ equipment, is installed on the said premises. (Wherever Applicable).

(15) I/ We say and undertake that the layout of the my/ our establishments is as per the Architect plan which is submitted along with the application.

(16) I/ We say and undertake that LPG / PNG / electrical installation is tested by authorized contractor and the same are in good working condition.

(17) I/ We say and undertake that Heat/ Hot gases and smoke are disposed off in safe manner in accordance with the provisions of Maharashtra Pollution Control Board.

(18) I/ We say and undertake that the said premises will be maintained fire compliant.

(19) I/ We say that I/ We shall abide by the terms and conditions formulated by the MCGM from time to time.

(20) I/ We am/ are aware and accept that MCGM has all rights to terminate/ cancel the License and compliance certificate of codified Fire Safety Requirements of Fire Department, without any Notice/ Intimation in the event of submissions of wrong and/ or incorrect information and/ or otherwise. The decision of the MCGM in this regards shall be final and binding on me/ us.

(21) I/ We hereby Indemnify the MCGM from and against all actions, acts, costs, claims, damages, demands of any nature and kind whatsoever, which may be instituted, claimed or made against the MCGM its officers, servants and agents and the Municipal Commissioner for MCGM by any person or persons, any third party or legal entity by reasons of the MCGM having granted to me/ us the said health license under Section 394 of M.M.C. Act.

(22) I/ We are aware and accept that I/ We shall be liable to civil as well as criminal prosecution in the event, information submitted by me/ us are found to be false and/ or incorrect and License fee/ deposit amount paid by me/ us shall be forfeited.

(23) I/ We say and undertake that the undertaking is binding on me/ us/ my/ our/ its legal heirs/ representatives/ partners/ directors who are responsible for the acts done by the company / firm/ owner from time to time.

(24) I/ We are submitting copy of the Aadhar Card and/ or Pan Card towards my/ our Identification.

#### VERIFICATION

I/ We Y. K. Benjamin Devaprasad state on solemn affirmation that whatever stated herein above is true to my/ our own knowledge and I/ We believe the same to be true and correct.

Notary



ATTESTED BY ME DEBONENT

Y. K. Benjamin  
S. M. H. ZAIDI  
NOTARY  
Government of India  
Mumbai & Thane Dist Photograph

Notary Registration No.

18 MAY 2024

Note: In case of Applicant Being Company, copy of Resolution passed by the company authorizing one of the director to sign on behalf of the company shall be insisted upon.