

# Office of Divisional Commissioner

District : .....

**ZERO TOLERANCE ZONE** : .....

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Agency - EXCISE

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**Basic Data** [\* Marked field must be filled up]

Business Unit Name \_\_\_\_\_

Addr : Road Name / Number \_\_\_\_\_

Proprietor's Name \_\_\_\_\_

Ward No. : \*

Holding No. : \*

Estt. / Shop No. : \*

PAN No of Owner : PAN

Not Available (NA)  Not Provided (NP)

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1. Date of inspection //\*

2. Name of Excise Officer responsible

3. ON - OFF Status ON  OFF

4. Bar Licence (If Hotel)

5. Licence Status Licence No

Unlicenced (UL)

6. Licence validity date //

7. Action Initiated u/s Section 42

u/s Section 47

u/s Section 68

8. No. of Persons arrested

9. List of Seized Items

10. Penalty Imposed

11. New Licence

*Name, Designation &  
Signature of Inspecting Authority*