

FORM- M

To

State: _____

Subject: Intimation and declaration regarding commencing of food business activities during the lockdown period by possessing the valid receipt of application having _____(17-digits) Application Reference Number (ARN) for FSSAI license/registration - reg.

Madam/ Sir,

I am in business of _____ (nature of business) and the details of my business are as below:

- A) Name of entity:
- B) Type of entity:
- C) Address of premise of food business operations:
- D) Details of responsible person
 - i) Name:
 - ii) Mobile:
 - iii) Alternate mobile/ landline
 - iv) Email ID:
- F) Kind of Business:
- G) Category (as per Food Category System) of food being handled:
- H) Application Reference Number (ARN) generated from FLRS (17-digits):

General declaration and undertaking:

- i. I hereby undertake that I shall maintain all hygiene requirements in my operation including extra precautions required to prevent spread of COVID19. I shall follow all requirements of Food Safety and Standards Act 2006 and Rules and Regulations made therein. I shall only handle food which is permissible under the FSS Act, 2006.
- ii. I hereby declare that I have the requisite permission to operate in the lockdown and my operation shall be limited only for essential items and supplies, as permitted by authorities.
- iii. I shall be responsible for the compliance of the FSS Act 2006 and Rules and Regulations made therein, at the said premises.
- iv. I shall not undertake any manufacture of food products in the said premises, without a valid FSSAI license or registration.

- v. I understand that the said permission is only for a period of lockdown. I shall cease my activities at the premises related to food, unless I have a valid FSSAI license/registration as applicable, within 30 days of the end of lockdown.
- vi. I understand the permission being availed does not in any way grant any approval to operate in lockdown. I am liable for violation of the directions regarding lockdown if found culpable. The permission shall also not be construed as waiver/ compliance of any other requirement by any other government agency/ department or law required for operations.

Date:

Place:

(Signature of Authorised Signatory)

Name:

Address:

Email:

Mobile: