## <sup>1</sup>FORM F. L./A-6-B]

[See rule 70-D(2)]

Court Fee		Application No.			
S	tamp				
Appl	v	1 0 1		se, possession, transport, use and consumption y Liquor in the State of Maharashtra.	
(1)	Name in full Shri/Smt./Kum. (Surname first in Block letters)				
(2)	Residential address in full				
(3)	Age and date of birth				
(4)	Details of proof of age produced with this application				
(5)	Occupa	Occupation			
(6)	2*	* * * *	<b>k</b>	* * *	
healt Form	h and in F.L./M.	support of my appli	cation.	reign liquor and country liquor on grounds of a. I submit herewith the medical certificate in	
				onditions of the permit and the provisions of the	
	ace:	iibition Act, 1949 and	ı ille Tü	ules, regulations and orders made thereunder.  Signature or thumb impression of	
	ate:			the Applicant.	
To					
The Collector of					
	(or auth	orised Officer.)]			
				RM F. L. X-B]	
			(I	Deleted)	
		5[	FORM	M F. L./A. 6-C]	
			(See	e rule 70-F)	
Co	urt Fee			Application No.	
S	tamp				
	Applic			ourchase, possession, transport, use and uor in the State of Maharashtra.	
(1	l) Name in full			Shri/Smt./Kumari	
Ì				(Surname first in block letters)	
(2	Resid	dental address in full			
	bs. by G.	N. of 8-8-1979.		2 Deleted by G. N. of 4-5-1982. 4 Deleted by G. N. of 8-8-1979.	

<sup>5</sup> Ins *ibid*.