

OFFICE OF THE TOWN VENDING COMMITTEE

(MUNICIPAL AND NON MUNICIPAL AREA)

FIRST FLOOR, RAITONG BUILDING BEHIND MEGHALAYA SECRETARIAT

SHILLONG – 793001

Application Questionnaire.

Sl.No.	Questions.
1.	Name and Identity Proof – 2 (Single Photograph)
2.	Location of Vending
3.	Ward /Locality
4.	Street Name
5.	Nearby Landmark
6.	Type of area <ul style="list-style-type: none"> • Residential • Commercial area/Natural Market • School/College Area • Religious site • Garden/Open space • Railway Station • Industrial area • Public place or Government Office • Heritage site • Highway • Bus stand • Hospitals • Other
7.	Place of Business <ul style="list-style-type: none"> • Main road/Lane/Chowk • Footpath • Service Area/Road • Open Plot within Premises • On Closed Drainage Line • Private Property/Plot • Other
8.	Nature of Business <ul style="list-style-type: none"> • Fast Food item and drinks. • Fruits and Vegetables. • Flowers vendor. • Sea food vendor. • Religious items/Festival products. • Others (Please specify).
9.	Name of Vending Place
10.	Vendor's Name: First Name
11.	Vendor's Name: Middle name
12.	Vendor's Name: Surname
13.	Residential Address

14.	Block
15.	City/Town
16.	District
17.	Mobile No.
18.	Phone No.
19.	Age
20.	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Trans Gender
21.	Nationality <input type="radio"/> Indian <input type="radio"/> Other
22.	Whether SC/ST / OBC (submit copy if yes) <input type="radio"/> Yes <input type="radio"/> No
23.	Marital Status – <input type="radio"/> Married <input type="radio"/> Unmarried <input type="radio"/> Widow/Widower <input type="radio"/> Divorced <input type="radio"/> Separated
24.	Level of Education Attained <input type="radio"/> Illiterate <input type="radio"/> Primary (1 – 5) <input type="radio"/> Middle School (6 – 8) <input type="radio"/> Secondary (9 – 10) <input type="radio"/> Senior Secondary (11 -12) <input type="radio"/> Diploma <input type="radio"/> Graduate <input type="radio"/> Post Graduate <input type="radio"/> Other
25.	Whether PWD (Person with Disabilities) details of disability – <input type="radio"/> Visually Impaired <input type="radio"/> Deaf <input type="radio"/> Dumb <input type="radio"/> Disabled by hand/leg <input type="radio"/> Mentally Challenged <input type="radio"/> Other
26.	In case of disability, do you have a certificate? <input type="radio"/> Yes <input type="radio"/> No

27.	If yes, list the Certificate No -						
28.	Do you fall under BPL? (If yes furnish supporting document)						
	o Yes						
	o No						
29.	If any member of your family is employed? if yes private/government / monthly income						
30.	Migration						
	o Belong to this city						
	o Have migrated						
31.	If migrated, Please specify the name of your Native Place's District/ attached EPIC card if available						
32.	Since how many years have you been living in this city						
33.	Do you possess any residential proof?						
	o None						
	o Voter Card						
	o Ration Card						
	o Aadhar Card						
	o APL/BPL Card						
	o Electricity Bill						
	o Municipal Tax Bill						
	o Other						
34.	Family Details						
	SN	Name	Gender	Relation	Age	Occupation	Monthly Income
35.	Full name of member (working/worked as street vendor) -						
36.	Do you have any other source of income?						
	o Yes						
	o No						
37.	What work did you do before street vending?						
38.	In which city did you worked before?						
39.	For how many years have you been engaged in street vending?						
40.	For how many years have you been working in this area?						
41.	Do you possess any license issued by City Civic Body for street vending? Attach copy of the permission/ license						

42.	How often do you go for street vending? <input type="radio"/> Daily <input type="radio"/> Half day/ 3-4 hrs <input type="radio"/> One to two day per week <input type="radio"/> More than two days per week <input type="radio"/> Fort-nightly <input type="radio"/> Monthly <input type="radio"/> Seasonal
43.	Type of business – <input type="radio"/> Stationary <input type="radio"/> Door to door <input type="radio"/> Mobile <input type="radio"/> Others –specify
44.	How much distance do you have to cover to come to this place for vending?
45.	How many hours do you work in a day?
46.	Exact time of vending _ to _ hrs
47.	How much KM distance do you travel for work in a day, when you are doing Mobile Vending?
48.	What type of structure is being used for Vending? →Kachcha/ temporary structure →
49.	How much land space are you using for your vending? (In Sq.m / Sqft)
50.	Are you using any vehicles for vending? <input type="radio"/> Yes <input type="radio"/> No
51.	If yes, then which of the following vehicles do you use? → Tempo → Auto → Van → Hand cart → Bicycle → cart → Other → Bicycle → cart → Other
52.	Ownership of vehicle <input type="radio"/> Self <input type="radio"/> Family <input type="radio"/> On rent <input type="radio"/> Partnership <input type="radio"/> Other
53.	How much rent do you pay for these vehicles? (If any)
54.	How many months do you work in a year?

55.	Do you do the same work mostly? <input type="radio"/> Yes <input type="radio"/> No
56.	Are you satisfied with your place for your business? <input type="radio"/> Yes <input type="radio"/> No
57.	If yes, then why? → The place is nearby your house → Good relations with the people in this area → No local interference → Crowded place → Good locality → Well known market → Convenience for customers → Near office or educational institution → Other
58.	If no, then why? → Less income → Unsuitable for health and business → Local people object against the business → Interference by employees of Municipal authority → Other illegal businesses around → Problems created by Police Department → Transportation problems → Other
59.	Number of people you have employed – <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> Others
60.	How do you pay your employees? → Daily wages → Weekly → Monthly
61.	Average amount paid to employees -
62.	Do you pay any rent for your vending place? <input type="radio"/> Yes <input type="radio"/> No
63.	To whom do you pay the rent? → Civic Body → Nearby shopkeeper → Owner of the place → Other

64.	Type of payment → Daily → Weekly → Monthly → Other → Amount -
65.	From whom do you purchase goods for carrying out your business? <input type="radio"/> Manufacturer <input type="radio"/> Wholesale market <input type="radio"/> Distributor <input type="radio"/> Other
66.	From whom do you get the initial seed money to purchase goods? <input type="radio"/> Own money <input type="radio"/> From landlord <input type="radio"/> From Banks <input type="radio"/> Credit Society <input type="radio"/> Other Sources
67.	How often do you buy raw materials for your business? <input type="radio"/> Not applicable <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
68.	How much do you spend on the purchase of goods on a daily basis?
69.	How much do you earn from your total daily sales?
70.	How much profit do you make on a daily basis?
71.	Have you taken any loan? <input type="radio"/> Yes <input type="radio"/> No
72.	If yes, please specify amount & source of finance.
73.	Do you have any Saving Accounts in any Bank? <input type="radio"/> Yes <input type="radio"/> No
74.	If yes, please specify the name of Bank-
75.	Do you any Insurance? <input type="radio"/> Yes <input type="radio"/> No
76.	If yes, kindly specify -
77.	Have you taken any advantage of any other Social Security Schemes? <input type="radio"/> Yes <input type="radio"/> No

78.	If yes, kindly specify the scheme -
79.	Are you satisfied with the work you have selected? <input type="radio"/> Yes <input type="radio"/> No
80.	If the authority provides a vending place elsewhere in the same area or any other area, are you ready to shift your cart/set up to the allocated area for vending goods? <input type="radio"/> Yes <input type="radio"/> No
81.	Would you need a covered marker space with the raised platform and storage space? <input type="radio"/> Yes <input type="radio"/> No
82.	Would you need an uncovered open space at the ground without the raised platform? <input type="radio"/> Yes <input type="radio"/> No
83.	Are you a member of any street vendor union or association? <input type="radio"/> Yes <input type="radio"/> No
84.	Name of the organisation
85.	Are you aware of the “Meghalaya Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act, 2014”? <input type="radio"/> Yes <input type="radio"/> No
86.	Are you interested in obtaining a license under the Street Vendor Act/ <input type="radio"/> Yes <input type="radio"/> No
87.	What is your favourite time for business? <input type="radio"/> Morning <input type="radio"/> Noon time <input type="radio"/> Evening
88.	What kind of a market do you vend in? <input type="radio"/> Natural Market (Daily Market) <input type="radio"/> Evening /Night Market <input type="radio"/> Holiday Market <input type="radio"/> Weekly Market <input type="radio"/> Festival Market <input type="radio"/> Other
89.	Do you have access to free drinking water near your place of work? <input type="radio"/> Yes <input type="radio"/> No
90.	Do you have access to toilet facility near your place of work? <input type="radio"/> Yes <input type="radio"/> No

91.	How do you dispose of the garbage generated by your vending? <input type="radio"/> Municipal Bins <input type="radio"/> Private Bins <input type="radio"/> On road/street <input type="radio"/> Dump it in a water body <input type="radio"/> Through door to door collection <input type="radio"/> Other
92.	Do you have (access to) storage facility at your place of work? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
93.	What type of light source do you used? <input type="radio"/> None <input type="radio"/> Street Light <input type="radio"/> Gas/Oil Lamp <input type="radio"/> Battery Operated <input type="radio"/> Solar Light <input type="radio"/> Generator <input type="radio"/> Paid Electricity Connection <input type="radio"/> Other
94.	Are you aware of any Traffic problems caused because of Street Vending? <input type="radio"/> Yes <input type="radio"/> No
95.	If yes, what are the solutions to avoid problems?
96.	Which type of facility do you desire for your business? <input type="radio"/> Different market <input type="radio"/> Water <input type="radio"/> Electricity <input type="radio"/> Common Toilet <input type="radio"/> Common lighting facility <input type="radio"/> Waste disposal facility <input type="radio"/> Security <input type="radio"/> A cleaning person <input type="radio"/> Parking <input type="radio"/> Labour for parking and transport management <input type="radio"/> Other
97.	Any Special Remark or Comment of Vendor-
98.	Any suggestion
99.	Declaration:

Declaration:

I, , wife/son/ daughter of Shri/Smt , resident of
 hereby declare that the information provided above is true to the best of my knowledge. In the event of any information being found
 false and incorrect, I undertake that i shall be liable for any legal action which also includes cancellation of my registration and certificate of vending.

Name of the applicant:

Date:

Signature of the Applicant.

Place: