



OPENING OF RESTAURANT

UNDERTAKING

(On E-Stamp Paper Worth Rs.100/-)

DECLARATION

I, _____ (the undersigned), S/O, D/O, W/O _____
having CNIC # _____, Contact # _____
in possession of my full faculties and senses and of my free will and without any coercion or duress, do hereby solemnly
affirm and undertake that:

1. I'm Owner of Shop/ Commercial Building # _____ Sector, _____, Phase _____, Measuring _____, situated in Defence Housing Authority, Multan.
2. That my tenant _____ S/O, D/O, W/O _____
having CNIC # _____, Contact # _____
Owner of Shop / Commercial Building # _____ Sector, _____, Phase _____
_____ is occupying the aforesaid property as my lessee with effect from _____.
3. That my tenant intends to run the business of Restaurant /Takeaway shop in the aforesaid property in the name and style of _____.
4. That no violation of DHA order, byelaws, rules, regulation, policies, restrictions and in particular the
Construction Byelaws, has been committed by me or my tenant.
- 5.

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- That I, the undersigned, request for issuance of NOC to run the business of Hotel/Restaurant/Takeaway and in this respect unconditionally and categorically undertake: -
- a) That I and my tenant shall install/construct a kitchen with prior approval of kitchen plan from DHA.
 - b) That I / my tenant shall pay the violation charges as decided by the Authority for committing any violation of the Byelaws of the DHA.
 - c) That I / my tenant shall use the shop only for cooking and sale of foods etc.
 - d) That I / my tenant shall restrict his business activities within the premises of the shop and shall not in any way or any time encroach open or use the open space/corridor/ veranda outside the shop and any roads/ footpaths/ parking area. The table boys will not have any activity outside the premises of the shop.
 - e) That the sale boys and other employees of the Hotel/Restaurant/Take away shall be in proper dress/uniform and record of periodical medical check will be maintained.
 - f) That I / my tenant shall not stack any material/store in the veranda/corridor outside the shop.
 - g) That I / my tenant shall not stack waste material, rubbish or empty cartons, etc. in the open space outside the shop at any time.



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- h) That I / my tenant shall ensure that grease traps and screens will be installed on the internal sewerage line so that solid and oils do not flow into main sewers causing clogging/ chocking of sewer lines.
- j) That I / my tenant shall ensure that proper firefighting equipment is provided/ placed in the premises.
- k) If due to negligence or otherwise, main sewer is blocked or any damage is caused to the sewer, I shall be responsible jointly to pay the violation charges and cost for clearing the blockage etc.
- l) That I / my tenant shall ensure that care will be taken not to cause any inconvenience to general public or to the business of neighboring shops and houses.
- m) That I / my tenant shall take all safety precautions while constructing /installing of Tandoor/ Gas Stove/ Tikka Stove or related equipment.
- n) That I / my tenant shall ensure pollution free environment and also make sure that no public nuisance will be created in any way.
- o) That I/my tenant shall ensure the cleanliness of premises and meet the hygienic standard required for cooking and serving of eatables.
- p) That I / my tenant shall install proper exhaust system through a duct up to top roof not at front.
- q) That If I / my tenant violate any clause of this Undertaking, DHA shall be authorized to:-
 - i. Cancel the NOC and cease the business.
 - ii. Seal the shop.
 - iii. Disconnect all its utility services
 - iv. Permanently disallow the use of the premises as Hotel/Restaurant/ Takeaway in future with the same ownership.

THIS DECLARATION AND UNDERTAKING HAS BEEN MADE AND EXECUTED BY ME, SIGNED AND ACCEPTED BY TENANT WITH FREE CONSENT IN THE PRESENCE OF WITNESSESS NAMED BELOW

Owner

Tenant

(Signature & Thumb Impression)

(Signature & Thumb Impression)

Witness No. 1

Witness No. 2

(Signature & Thumb Impression)

(Signature & Thumb Impression)

Name: _____
CNIC: _____
Date: _____

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Date: _____