

(TO BE PUBLISHED IN PART IV OF THE DELHI GAZETTE EXTRAORDINARY)
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DEPARTMENT OF TRADE AND TAXES
VYAPAR BHAWAN : I.P.ESTATE: NEW DELHI -110 002.

No.F.3(393)/Policy/VAT/2013/1086-1096

Dated:19/12/2013

NOTIFICATION

In exercise of the powers conferred on me by section 27 of Delhi Value Added Tax Act, 2004, I Prashant Goyal, Commissioner, Value Added Tax, Government of NCT of Delhi, hereby direct that the details of programmes/functions, to be organised in the Banquet Halls, Farm Houses, Marriage/Party Halls, Hotels, Open Ground etc., where food and/or liquor items are to be supplied/provided and cost of booking exceeds rupees one lakh per function, shall be submitted by the owner/lessee/custodian of the venue through a return in Form BE-2, annexed to this notification, atleast 3 days before the start of the fortnight i.e. return for the first fortnight of a month should be filed by 3 days before first day of a month and for second fortnight it should be filed by 12th of the month. Such persons also have to enrol themselves by filing information in Form BE-1. Information of the booking/cancellation done after filing of return should be provided by revising the relevant return within a week of such cancellation.

2. Further, the application for enrolment in Form BE-1 and the fortnightly return in Form BE-2 should be filed by owner/lessee/custodian of the venue to concerned Zonal Additional Commissioner/Joint Commissioner, Department of Trade & Taxes, Vyapar Bhawan, New Delhi-110 002.

3 Any eligible person who fails to comply with the directions issued vide this Notification, shall be liable for penalty in accordance with section 86 of Delhi Value Added Tax Act, 2004 alongwith other appropriate action as per relevant provisions of Delhi Value Added Tax Act/Rules.

4. This notification shall come into force with effect from 1st fortnight of January, 2014.

(Prashant Goyal)
Commissioner. Value Added Tax

No.F.3(393)/Policy/VAT/2013/1086-1096

Dated: 19/12/2013

Copy forwarded for information and necessary action to:-

1. The Principal Secretary(Finance), Finance Department, Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi.
2. The Principal Secretary(GAD), General Administration Department, Govt. of NCT of Delhi, Delhi Sachivalaya, New Delhi one spare copy for publication in Delhi Gazette Part IV (extraordinary) in today's date.
3. All Special / Addl. / Joint Commissioners, Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
4. Addl. Commissioner (PR), Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi to arrange to give wide publicity to this notification.
5. Programmer (EDP), Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi to upload the notification on the web site of the Department.
6. Deputy Director (Policy), Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.

7. Registrar, VAT Appellate Tribunal Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
8. President/Secretary, Sales Tax Bar Association (Regd.), Vyapar Bhawan, I.P. Estate, New Delhi.
9. All Assistant Commissioners / AVATOs, Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi through their Zonal Incharge.
10. P.S to Commissioner, Department of Trade and Taxes, Vyapar Bhawan, I.P. Estate, New Delhi.
11. Guard File.

(Vijay Chandna)
Assistant Commissioner (Policy)

**DEPARTMENT OF TRADE & TAXES
GOVERNMENT OF NCT OF DELHI**

Form BE-1

Application for Enrolment by Banquet Halls, Farm Houses, Local Bodies, Clubs etc.

1. Name of Applicant	

2. Type of Space/Building made available organising Functions	<input type="checkbox"/> Farm House <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Park <input type="checkbox"/> Community Centre <input type="checkbox"/> Club <input type="checkbox"/> Dharamshala <input type="checkbox"/> Others, specify
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3. PAN (Other than Government Deptts/ Undertakings)	
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4. Name as recorded on PAN	

5. Address (Principal place)	

6. Additional places, if any	

7. TIN (if applicable)	
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8. Phone/Mobile No.	1
	2
	3

9. Email address	
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10. Details of Bank Account	Account No.
	IFSC
	Name of Bank
	Address of Branch

11. Name of the Authorised Signatory	
12. Date	
13. Enrolment Number (for office)	

14. Verification

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from.

Signature of Authorised Signatory _____

Full Name (*first name, middle, surname*) _____

Designation/Status _____

Date		
	Day	

Month	

Year			

**DEPARTMENT OF TRADE & TAXES
GOVERNMENT OF NCT OF DELHI**

Form BE-2

Return form for Banquet Halls, Farm Houses, Local Bodies, Clubs, Caterers, etc.

1. Period	From			/			/			To			/			/		
		dd			mm			yy			dd				mm			yy

2. Enrolment No.																			
3. Full Name of Dealer																			
4. Address																			
5. Mobile No.																			
6. Email Id																			

7. Details of functions to be held during the coming fortnight (Separate for each function)

(i) Name of Hall/Park/ Venue																			
(ii) Date of Booking																			
(iii) Date of function																			
(iv) Exact Time of function (as booked) (from – to Hours)																			
(v) Particulars on whose name booked	Name																		
	Address																		
	Phone/mobile																		
(vi) No. of persons/ plates as per booking	Breakfast																		
	Lunch																		
	Evening Snacks																		
	Dinner																		
(vii) Whether liquor to be served/ arranged?	Yes/No																		
(viii) Whether Liquor Licence taken from concerned authority for this programme	Yes/No If yes, for how many person :																		
(ix) Particulars of the Caterer	Name																		
	TIN																		
	Address																		
(x) Rate per person/ Plate (Rs.) (excluding VAT)																			
(xi) Total value of food sold (excluding VAT)																			

(xii) Total value of liquor sold (excluding VAT)	
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8. Verification

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from.

Signature of Authorised Signatory _____

Full Name (*first name, middle, surname*) _____

Designation/Status _____

Date					
	Day	Month	Year		