

UMHLABUYALINGANA LOCAL MUNICIPALITY

(KZ271)

Private Bag X 901
KwaNgwanase3973

Main Road R22
KwaNgwanase

Tel: 035 592 0680
Fax: 035 592 0672

LICENCE APPLICATION IN TERMS OF ITEM 1, SCHEDULE 1 OF THE BUSINESS ACT 71 OF 1991

1. Full names of applicant: _____
2. Identity number of applicant: _____
3. Postal address: _____
4. Physical address of applicant*: _____
5. Telephone numbers:
 - a. Business: _____
 - b. Home: _____
 - c. Fax: _____
 - d. Mobile: _____
6. Trade name: _____
7. Type of business to be conducted: _____
8. Description of premises:
 - a) Street/Physical address: _____
 - b) Physical structure: _____

9. Documents attached (tick):

	YES	NO
Copy of lease		
Title deed		
Permission To Occupy		
Deed of grant		
Copy of CK1 / CC (Founding statement):		
Copy of ID (s):		
Written consent of landlord:		
Building/floor plans :		
Town planner recommendations:		
Competence certificate from Environmental Health:		
Competence certificate from traffic dept.:		
Competence certificate from fire dept.:		

SIGNATURE OF APPLICANT™

DATE OF APPLICATION

NB:

* in case of a partnership the names and residential addresses of each partner; and in the case of a company, close corporation or association the names, residential addresses and home telephone numbers Chief Executive Officer and of the Chairperson of the Board of Executive Body are required.

™ in the case of a company, close corporation or association of persons, the designation of the person signing should be stated and a copy of his/her authority should be attached.

AN OFFICIAL RECEIPT WILL BE ISSUED, THE NUMBER OF WHICH WILL BE ENDORSED BELOW.

FOR OFFICE USE ONLY

STAMP:

Receipt No:.....

Application No:.....

Business License No:.....