

# 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:.....