



LOCAL MUNICIPALITY
P. O. BOX 71, BERGVILLE, 3350

Reference	Business Licensing	Enquiries : Ms Hlengiwe Ndaba	Tel : 036 448 1076/0794961893
Date	10/10/2012	Email : manoaya@gmail.co.za	Fax:036 448 1986
2012			

APPLICATION FOR BUSINESS LICENSE IN TERMS OF ITEM 1, SCHEDULE 1 OF THE BUSINESS ACT 1991 (ACT 71 OF 1991)

SALE/SUPPLY OF MEALS/PERISHABLES FOOD STUFF

SURNAME	
FULL NAMES	
ID NUMBER	
TRADE NAME OF BUSINESS	
TYPE OF BUSINESS	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
TELEPHONE NUMBER FAX NUMBER CELL NUMBER EMAIL ADDRESS	
DESCRIPTION OF PREMISES	
STREET ADDRESS	
SHOP UNIT NUMBER	

LOT NUMBER	
SIGNATURE	
DATE	

In the case of partnership, the names and residential address of each and in the case of company, close corporation or association of person, the names, residential address and home telephone number of the Chief Executive and the Chairperson of the Board or executive Body thereof are required.

In the case of a company, close corporation or association of persons, the designated of the person signing should be stated and copy of his authority should be attached.

NB Copies of the following documents should be attached and be submitted with applications form:

- ✓ In case of a company, certificate of incorporation reflecting company's ID number, full names and surname of owner, residential and postal address.
- ✓ ID and full name and surname of responsible manager
- ✓ In case of close corporation, CK1 or CK2 must be attached
- ✓ In case of a partnership a separate schedule reflecting full name and surname, identity number and address of each partner must be attached
- ✓ In case of a proprietor, a copy of the owner ID must be attached
- ✓ In case of a restaurant or café keeper, a menu must be attached
- ✓ Application fee for sale or supply of meals or perishable; renewable after 12 months
- ✓ Application fee for provision of certain types of Health Facilities or entertainment or Adult Premises; renewable after 12 months.

Copy of the receipt of payment which is R389.40.