CITY OF CAPE TOWN | ISIXEKO SASEKAPA | STAD KAAPSTAD

Address: Idilesi: Adres:

Ask for: Cela: Vra vir:
Tel: Umnxeba: Tel:
Fax: Ifeksi: Faks:
E-mail:
Web: http://www.capetown.gov.za/health
Ref:

APPLICATION FOR A LICENCE TO CARRY ON A BUSINESS IN TERMS OF THE BUSINESSES ACT NO. 71 OF 1991

FULL NAME (S) OF APPLICANT (Owner, Company, Partnership, CC, etc.)

I.D. NUMBER/PASSPORT OF ABOVE PERSON

RESIDENTIAL ADDRESS OF ABOVE PERSON

CONTACT PERSON & TELEPHONE NUMBERS

NAME		
BUSINESS TEL		
HOME/CELL		

FOR OFFICE USE ONLY

TYPE OF LICENCE/S APPLIED FOR:	CODE	FEE
TOTAL:		

TRADE NAME OF BUSINESS

STREET ADDRESS OF BUSINESS

ERF NO.

POSTAL ADDRESS

WAS THE APPLICANT A HOLDER OF A HAWKER LICENCE WHICH WAS WITHDRAWN IN THE TWELVE MONTHS PRECEDING THIS APPLICATION?

YES	NO

I, ……CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT: ……

CAPACITY OF APPLICANT (e.g. Owner, Manager, Member, etc.): ……..

IN TERMS OF SECTION 3(2) OF THE BUSINESS ACT 1991, AS AMENDED, I HEREBY AGREE TO AN EXTENSION OF 14 DAYS OF THE PERIOD IN WHICH THE LICENSING AUTHORITY SHALL TAKE A DECISION ON MY APPLICATION.

SIGNATURE OF APPLICANT: …… DATE: ……..