

Economic & Human Development
 Business Areas Management
 Tel: 400-5379 / 400-5502
 Fax: 419-9697

CITY OF CAPE TOWN
 ISIXEKO SASEKAPA
 STAD KAAPSTAD

APPLICATION FOR PERMISSION TO OCCUPY AN INFORMAL TRADING SITE

Surname..... First Names.....

Phone..... Cell..... Fax.....

Identity Number																			
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Residential Address: (NB. We will not accept a P.O. Box number)

.....

.....Postal Code.....

MEMBER OF ASSOCIATION YES NO IF YES, NAME.....

NOTE: Only one site per applicant is allowed. A successful applicant will be required to personally trade on the approved site. If this application is approved, the applicant will forfeit any previously approved sites.

INFORMAL TRADING SITE(S) YOU WISH TO APPLY FOR (in order of preference)

	SUBURB	STREET	SITE NO.
1			
2			

ASSISTANT IF APPLICABLE:

NAME..... ID NUMBER.....

NOTE: Sketch plans which clearly identify the site(s) applied for must be attached to this application. At least three options should be given in order of preference. Should the applicant wish to submit further options, details of these together with sketch plans should be submitted on a separate sheet of paper.

Please state what you wish to sell (fruit & veg, soft goods, clothing, etc)

Note:

1. The Cape Town City Council reserves the right to cancel, without payment of compensation, any permit issued as a result of false information provided in support of this application.
2. Permits will be cancelled if not collected within twenty-one days of notification that the application has been approved.
3. Permits will only be issued upon payment of the appropriate site rental.

I CERTIFY THAT THE INFORMATION SUPPLIED IN CONNECTION WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE..... DATE.....

FOR OFFICE USE ONLY

TRAFFIC BRANCH

SITE NUMBER:

NUMBER			SUBURB CODE		
					ASDS

LOCATION:.....
.....
.....

CONDITION(S).....
.....
.....

APPLICATION APPROVED BY:..... **DATE:**.....
pp TRAFFIC MANAGER

AREA CO-ORDINATOR

PLEASE ALLOCATE SITE NUMBER..... TO.....(APPLICANT)
IN.....LOCATION/STREET,ETC)
.....(SUBURB)

**AREA
MANAGER(PRINT).....SIGNATURE.....**

DATE.....