



# MUNICIPALITY OF SWAKOPMUND

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 53 Swakopmund  
 NAMIBIA  
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## APPLICATION FOR BUSINESS REGISTRATION

<b>New Application (Consult Town Planner)</b>	<input type="checkbox"/>	<b>Change of Trade Name</b>	<input type="checkbox"/>
<b>Renewal (On or before 31 March)</b>	<input type="checkbox"/>	<b>Change of Ownership (Consult Town Planner)</b>	<input type="checkbox"/>
<b>Removal (Move to new Premises) (Consult Town Planner)</b>	<input type="checkbox"/>	<b>Business Closure</b>	<input type="checkbox"/>
<b>Transfer (New Owner)</b>	<input type="checkbox"/>	<b>Postal Address Change</b>	<input type="checkbox"/>
		<b>Lost or Stolen &amp; Duplicate of Certificate</b>	<input type="checkbox"/>

NAME OF BUSINESS : \_\_\_\_\_  
 NAME OF OWNER : \_\_\_\_\_  
 NAME OF MANAGER : \_\_\_\_\_  
 BUSINESS ADDRESS : PO BOX: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 TOWN : \_\_\_\_\_ MOBILE: \_\_\_\_\_  
 E.MAIL ADDRESS : \_\_\_\_\_  
 ADDRESS OF BUSINESS : NO \_\_\_\_\_ STREET  
 ERF NO : \_\_\_\_\_

### A. TYPE OF REGISTRATION REQUIRED:

<b>Restaurant &amp; Take Away</b>	<b>Manufacturing / Production</b>	<b>Educational Institution</b>	<b>Entertainment</b>
<b>General Dealer</b>	<b>Child Care</b>	<b>Accommodation</b>	<b>Financial Institution</b>
<b>Administrative Office</b>	<b>Hospitality</b>	<b>Health &amp; Beauty</b>	<b>Home Occupation</b>
<b>Medical Practice</b>	<b>Service Industry</b>	<b>Warehouse</b>	<b>Workshop</b>
<b>Home Shop</b>	<b>Other</b>		
<b>Detailed Scope of Business</b> i.e Construction, Shebeen, Hair salon			

### B. CERTIFICATE OF OWNER/AGENT IN RESPECT OF PREMISES (FOR ALL NEW BUSINESSES AS WELL AS BUSINESS MOVING TO NEW PREMISES)

I hereby declare that I have granted permission to the above applicant to conduct the business for which they have applied on the said Erf.

\_\_\_\_\_  
**NAME (owner of property) (Please print)**

\_\_\_\_\_  
**SIGNATURE (owner of property)**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**DATE**

- C. All applicants for a new registration / change of premises must submit a building plan (ground layout) of intended business. In the case of a new building, a completion certificate.
- D. The client must submit: an authentic Namibian identification document; valid proof of permanent residence and a valid working permit and proof of registration with the Ministry of Trade and Industry (New Business)
- E. The client must attach medical certificates for food handlers (only applicable to food preparation premises).
- F. An inspection fee of **N\$1182.77 Food Premises, N\$ 626.17 Non-Food Premises**, (VAT included) must accompany this application.
- G. Consent from the previous owner of the business in case of a transfer from one owner to another.
- H. Charges for duplicate certificates are N\$38.52.

PLEASE INDICATE REFUSE REMOVAL PER WEEK:			
Basic Fee: Once	Twice	Thrice	More Than Thrice
PLEASE INDICATE BULK (4 containers & more) REFUSE PER MONTH:			
Once	Twice	Thrice	More Than Thrice



PLEASE CONTACT THE **PLANNER: TOWN & SPECIAL PROJECTS**, TO APPROVE THE ZONING OF YOUR ERF **BEFORE** SUBMITTING THIS APPLICATION TO THE HEALTH SERVICES DEPARTMENT FOR PROCESSING.

**Tel: 064 4104517**

**O F F I C E U S E O N L Y**

**TOWN PLANNING SCHEME REGULATIONS – REPORT**

Zoning of Erf: \_\_\_\_\_  
 Erf Number \_\_\_\_\_ Notice Number: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
SIGNATURE

**I N S P E C T I O N R E P O R T**

- 1. RECEIPT NUMBER \_\_\_\_\_  
 REGISTRATION AMOUNT PAID \_\_\_\_\_
- 2. FIRE FIGHTING EQUIPMENT \_\_\_\_\_
- 3. REFUSE REMOVAL LEVY \_\_\_\_\_
- 4. REMARKS \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 HEALTH OFFICER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 GM HEALTH SERVICES