



MUNICIPALITY OF SWAKOPMUND

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TOWN HEALTH DEPARTMENT

APPLICATION FOR REGISTRATION AS A HAWKER

NAME OF BUSINESS : _____

NAME OF APPLICANT/S : _____

ADDRESS : PO BOX: _____ TELEPHONE: _____

_____ FAX NO: _____

ADDRESS OF BUSINESS : NO _____ STREET

: ERF NO _____

PLEASE INDICATE :

NEW APPLICATION

RENEWAL

A. PRODUCTS / ARTICLES TO BE SOLD :

B. VEHICLE DESCRIPTION:

Reg No : _____

Type : _____

Colour : _____

C. NAMES OF ASSISTANTS

D. Photocopy of Namibian citizenship of applicant to be attached to this application

E. Two ID photos each of hawker and assistants must accompany this application

F. An inspection fee of N\$166.98 (VAT included) must accompany this application.

SIGNATURE OF APPLICANT

____/____/____
DATE

OFFICE USE ONLY

1. RECEIPT NUMBER : _____
AMOUNT PAID : _____

2. FIRE FIGHTING EQUIPMENT : _____

3. REFUSE REMOVAL LEVY : _____

4. INSPECTION REPORT

____/____/____
DATE

HEALTH OFFICER