



# MUNICIPALITY OF SWAKOPMUND

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 NAMIBIA  
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## APPLICATION FOR BUSINESS REGISTRATION

New Application (Consult Town Planner)		Change of Trade Name	
Renewal (On or before 31 March)		Change of Ownership (Consult Town Planner)	
Removal (Move to new Premises) (Consult Town Planner)		Business Closure	
Transfer (New Owner)		Postal Address Change	
		Lost or Stolen & Duplicate of Certificate	

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:

Restaurant & Take Away	Manufacturing / Production	Educational Institution	Entertainment
General Dealer	Child Care	Accommodation	Financial Institution
Administrative Office	Hospitality	Health & Beauty	Home Occupation
Medical Practice	Service Industry	Warehouse	Workshop
Home Shop	Other		
Detailed Scope of Business 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. Accommodation establishments and tourism related businesses must register with the Namibian Tourism Board.
- G. The applicant must submit a Valid Fire Prevention Safety Compliance Certificate.
- H. An inspection fee of **N\$1218.25 Food Premises, N\$644.95 Non-Food Premises**, (VAT included) must accompany this application.
- I. Consent from the previous owner of the business in case of a transfer from one owner to another.
- J. Charges for duplicate certificates are N\$39.70.

<b>PLEASE INDICATE REFUSE REMOVAL PER WEEK:</b>			
Basic Fee: Once <input type="checkbox"/>	Twice <input type="checkbox"/>	Thrice <input type="checkbox"/>	More Than Thrice <input type="checkbox"/>
<b>PLEASE INDICATE BULK (4 containers &amp; more) REFUSE PER MONTH:</b>			
Once <input type="checkbox"/>	Twice <input type="checkbox"/>	Thrice <input type="checkbox"/>	More Than Thrice <input type="checkbox"/>



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