

MUNICIPALITY OF SWAKOPMUND



(064) 4104517



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53 Swakopmund

NAMIBIA



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APPLICATION FOR BUSINESS REGISTRATION

New Application (Consult Town Planner) Renewal (On or before 31 March) Removal (Move to new Premises) (Consult Town Planner) Transfer (New Owner)		Change of Trade Name Change of Ownership (Consult Town Planner) Business Closure Postal Address Change Lost or Stolen & Duplicate of Certificate			
NAME OF BUSINESS	:				
NAME OF OWNER	:				
NAME OF MANAGER	:				
BUSINESS ADDRESS	: PO BOX:	TELEPHON	NE:		
TOWN		MOBILE:			
E.MAIL ADDRESS	:				
ADDRESS OF BUSINESS	3 : NO		STREET		
ERF NO	:				
A. TYPE OF REGISTRA	ATION REQUIRED:				
Restaurant & Take Away	Manufacturing / Production	Educational Institution	Entertainment		
General Dealer Child Care Administrative Office Hospitality		Accommodation Health & Beauty	Financial Institution Home Occupation		
Medical Practice Service Industry		Warehouse	Workshop		
Home Shop	Other				
Detailed Scope of Business i.e Construction, Shebeen, Hair salon					
BUSINESS MOVING I hereby declare that applied on the said E	TO NEW PREMISES) I have granted permission to rf. perty) (Please print)	the above applicant to condu	NEW BUSINESSES AS WELL AS uct the business for which they have		

- 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 submit proof of registration certificate from the Namibian Tourism Board.
- G. The applicant must submit a Valid Fire Prevention Safety Compliance Certificate.
- H. An inspection fee of N\$1254.81 Food Premises, N\$664.31 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\$40.87

PLEASE INDICATE REFUSE REMOVAL PER WEEK:					
Basic Fee: Once		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

OFFICE USE ONLY **TOWN PLANNING SCHEME REGULATIONS - REPORT** Zoning of Erf: Notice Number: _____ Erf Number _____ Not Approved: _____ SIGNATURE INSPECTION R E P O RRECEIPT NUMBER 1. **REGISTRATION AMOUNT PAID** 2. FIRE FIGHTING EQUIPMENT 3. REFUSE REMOVAL LEVY REMARKS_____

HEALTH OFFICER

GM HEALTH SERVICES