

MUNICIPALITY OF SWAKOPMUND

7

(064) 4104517

088 651 9142



NAMIBIA



andiweteko@swkmun.com.na

APPLICATION FOR BUSINESS REGISTRATION

New Application (Consult Town Renewal (On or before 31 March Removal (Move to new Premises Transfer (New Owner)	n)	Change of Trade Name Change of Ownership (Cor Business Closure Postal Address Change Lost or Stolen & Duplicate	
NAME OF BUSINESS	:	Lost of Stolett & Duplicate	or Certificate
NAME OF OWNER	:		
NAME OF MANAGER	:		
BUSINESS ADDRESS	: PO BOX:	TELEPHON	IE:
TOWN		MOBILE: _	
E.MAIL ADDRESS	:		
ADDRESS OF BUSINESS	S : NO		STREET
ERF NO	:		
A. TYPE OF REGISTR	ATION 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			
BUSINESS MOVING I hereby declare that applied on the said E	G TO NEW PREMISES) I have granted permission to Erf. operty) (Please print)	the above applicant to condu	NEW BUSINESSES AS WELL AS act the business for which they have E (owner of property)

- 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. The applicant must submit a Valid Pest Control Certificate.
- I. An inspection fee of N\$1254.81 Food Premises, N\$664.31 Non-Food Premises, (VAT included) must accompany this application.
- J. Consent from the previous owner of the business in case of a transfer from one owner to another.
- K. Charges for duplicate certificates are N\$40.87

PLEASE INDICATE RE	FUSE REMOVAL PER	WEEK:		
Basic Fee: Once	Twice □	Thrice	More Than Thrice □	
PLEASE INDICATE BU	JLK (4 containers & mo	ore) REFUSE PER MO	NTH:	
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

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	NumberNotice Nur							
	proved: Not Approved:							
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	INSPECT		NI	D E	: В	^	D	_
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1.	RECEIPT NUMBER							
	REGISTRATION AMOUNT PAID							
2.	FIRE FIGHTING EQUIPMENT							
3.	REFUSE REMOVAL LEVY							
4.	REMARKS							

HEALTH OFFICER

GM HEALTH SERVICES