



**APPLICATION FOR A LICENCE TO CARRY ON A BUSINESS
BUSINESS ACT NO. 71 OF 24 APRIL 1991**

Compulsory documentation to be attached:

- **Certificate of acceptability**
- **Identification Document**
- **Business Registration form (site plan / sketch)**
- **Proof of address**

1. Name of licensing authority: Mossel Bay Municipality

2. Indicate with an X whether this application is in respect of:

- a. A new licence
- b. A relocation of a business to new premises
- c. An amendment of information on existing licence
i.e. New Director/Associates

A
B
C

3. Full name of applicant (name of individual, company, partnership, etc. in whose name the licence should be issue) (Please attach proof)

4. Trade name of business: _____

5. Postal address of business: _____

6. Street address of business: _____

7. Street address of premises where food will be prepared:

8. Erf number: _____ 9. Zoning _____

10. Licence/s applied for:

Hawker	<input type="checkbox"/>	Food Premises	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Health establishment	<input type="checkbox"/>
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11. Contact number/s of applicant: _____

12. Email address of applicant: _____

13. If the application is for a business include in Item 2 of Schedule 1 of the Act, **full name, identification number and residential address of the person who will be in effective control of the business.**

14. Was the application the holder of a hawkers licence which was withdrawn in the twelve months preceding this application? (YES/NO)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAWKER

1. Do you have an approved stand?

YES		NO	
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2. Street address of premises where goods will be stored:

3. Is it a private or business property?

Private		Business	
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ENTERTAINMENT

1. Type of entertainment

Machines / Games / Pool tables	Disco / Club / Karaoke	Cinema	Casino
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2. Do you have a liquor license?

YES		NO	
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3. Are you making use of live artists / DJ's?

YES		NO	
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4. Indicate the time the live artists / DJ's will perform: _____ to _____

5. Is the premises sound proof?

YES		NO	
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6. What measures do you have in place to manage noise from your premises?

7. What are the trading hours of the business? _____ to _____

HEALTH ESTABLISHMENT

1. Did you obtain a Certificate of Acceptability from Eden District Municipality?

YES		NO	
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 2. How many toilet facilities is on the premises?

Indicate no	
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 3. Is there a first aid kit on the premises?

YES		NO	
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 4. Is there a person with first aid knowledge present at the premises?

YES		NO	
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 5. Is the equipment sterilised in a correct manner?

YES		NO	
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 6. Is the waste water disposed of in a correct manner?

YES		NO	
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FOOD PREMISES

1. Did you obtain a Certificate of Acceptability from Eden District Municipality?
(if no, application cannot be processed)

YES		NO	
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2. How many toilet facilities is on the premises?

Indicate no	
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3. What are the trading hours of business: _____ to _____

I, _____ certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Signature: _____

Capacity of applicant: _____

Date: _____