



License application number: _____

DATE: _____

AMOUNT: _____

EThekweni Municipality

MUNICIPAL PLANNING DIRECTORATE

BUSINESS LICENSING APPLICATION FORM

Please Tick The Appropriate Box

RMS Customer Account Number (<i>office use</i>)	
Section A	
Customer Type	<input type="checkbox"/> Private Individual <input type="checkbox"/> Business
Company / CC Name	
Company / CC registration number	
Sole Proprietor	
Section B	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Surname	
First Name	
Residential Status	<input type="checkbox"/> South African <input type="checkbox"/> Non South African <input type="checkbox"/> Asylum Seeker
Nationality	<input type="checkbox"/> South African <input type="checkbox"/> Non South African
Asylum seeker permit number	
Asylum seeker permit expiry date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	
Race	<input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Colored <input type="checkbox"/> Other
Section C	
Identity Type	<input type="checkbox"/> Book Of Life (ID) <input type="checkbox"/> Passport
Identity Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Passport Number	
Passport Expiry Date (DD/MM/YYYY)	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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Section D		
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Zulu <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other	
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Post	
Cellphone Number		
Alternative cellphone number		
Business Telephone Number		
Home Telephone Number		
Fax Number		
Email		
Section E		
Address Type	Residential Address (Physical)	Postal Address
Unit Number		
Block Name		
Complex Name		
Street Number		
Street Name		
Street Type		
Suburb		
City		
Province		
Country		
Postal Area		
Postal Code		
Postal Address same as Residential Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address Type	P O Box	
Box Number		
Postal Area		
Postal Code		
City		
Effective From		



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Section F	BUSINESS INFORMATION
Business name	
Business street number	
Business street name	
ERF number	
Complex name	
Unit number	
Suburb	
WARD NUMBER	
City	
License Type	<input type="checkbox"/> Food <input type="checkbox"/> Entertainment and Health Facility <input type="checkbox"/> Accommodation
Food license options	<input type="checkbox"/> Food : _____ <input type="checkbox"/> Food and liquor <input type="checkbox"/> Liquor only
Entertainment/Health facility options	<input type="checkbox"/> Saunas & Health baths <input type="checkbox"/> Massage or infrared treatment <input type="checkbox"/> Escort services <input type="checkbox"/> Amusement mechanical or electronic instruments <input type="checkbox"/> Snooker or billiard tables <input type="checkbox"/> Night club or discotheque <input type="checkbox"/> Cinema or theatre <input type="checkbox"/> Adult premises
Accommodation certificate options	<input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Self-catering <input type="checkbox"/> Guest houses <input type="checkbox"/> Lodge <input type="checkbox"/> Hotel
Application type	<input type="checkbox"/> New Application <input type="checkbox"/> Amendment <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Transfer
Business License number (if licensed)	
Property ownership	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Lease expiry date	Year – month- day
Section G	EFFECTIVE CONTROL/ MANAGEMENT (Entertainment licenses – only)
Name of the Manager	
Manager's ID number	
Fingerprint clearance with no illicit activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact number	



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DOCUMENTS TO SUBMIT

- Certified copy of the ID
- Asylum seeker permit OR foreign passport with a valid business visa (non-South African)
- Original landlord consent and valid lease agreement
- Proof of ownership – Rates letter (if applicant is the owner of the building) OR shareholder certificate (if building is a share block)
- Close corporation, certificate of incorporation and director's or member's details and certified copies of their ID documents
- Proxy letter when lodging on behalf of a CC/company
- Police clearance with no illicit activity not older than 1 year (for entertainment of health facility applications only –ITEM 2)
- Electrical certificate of compliance not older than 1 year (for accommodation establishments only).
- A valid tax clearance certificate with pin number issued by the South African Revenue service.

I hereby declare that the information and documents submitted herewith are correct and true to the best of my knowledge. I will be responsible for any legal action arising out of any misrepresentation of facts or incorrect information being submitted in my documents.

Date submitted:

Applicant's signature:

OFFICE USE

NAME: _____

SIGNATURE: _____

DATE: _____