**APPLICATION FORM: ACCOMMODATION ESTABLISHMENTS**

**HEALTH CERTIFICATE**

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| --- |
| **REF: COM/HC3303** |

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| --- | --- | --- | --- | --- | --- |
| NEW APPLICATION |  | RE-ISSUE OF CERTIFICATE |  | CERTIFICATE NO |  |
| TYPE OF ACCOMMODATION FACILITY |  |

|  |  |
| --- | --- |
| **Surname and first name of the person in whose name the Health Certificate should be issued** | **Identity Number** |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **A. OWNER/MANAGING DIRECTOR** | **B. PARTICULARS OF ACCOMMODATION** **ESTABLISHMENT** |
| Postal address: | Name of Accommodation facility  |  |
| Telephone Number Business/Work |  | Physical address of facility |  |
| Cell Number |  | Erf/Stand No/Farm Names |  |
| Fax Number |  | Contact Person |  |
| Email address |  | Tel.No/Cell No: |  |

**SERVICES PROVIDED (*Mark with an X)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Self-Catering | Providing Meals | Swimming Pools | Spa Facilities | Gymnasium |
| YES |  NO | YES |  NO | YES |  NO | YES |  NO | YES |  NO |

|  |  |
| --- | --- |
|  **C. NO.OF ROOMS/EN-SUITE** |  **D. STAFF COMPLEMENT** |
| Double Rooms | Single Rooms | **Women** |  **Men** |
|  |  |  |  |
| Bath Rooms | Bath Rooms |
|  |  |

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**SIGNATURE OF APPLICANT DATE OF APPLICATION**

**The following non - refundable fees are payable with applying for a Health Certificate:**

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| **Note that these fees are payable before application form is submitted to Municipal Health and Environmental Management Office (Ehlanzeni District Municipality)** |
| Health Certificate | R250.00 |
| Re-issue/Review/Renewal of Health Certificate | R250.00 |
| **BANKING DETAILS** |
| Name of Bank | First National Bank |
| Account Holder | Ehlanzeni District Municipality |
| Account Number | 62113491419 |
| Type of Account | FNB Business Cheque |
| Branch Code | 250655Swift Code: FIRNZAJJ |
| Deposit Reference number | **COM/HC3303** |

**ATTACHMENTS REQUIRED WITH THE APPLICATION:**

* **COPY OF APPROVED BUILDING PLAN OF THE PROPOSED OR EXISTING BUSINESS**
* **COPY OF ID FOR APPLICANT**
* **PROOF OF RESIDENCE FOR APPLICANT**
* **ZOONING CERTIFICATE/SPECIAL CONSENT USE/PERMIT FROM LOCAL AUTHORITY OR LOCAL MUNICIPALITY**
* **PROOF OF PAYMENT OF R250.00 FOR ADMIN.FEE**

NB: This application is valid for twelve (12) months from date of Inspection by the Environmental Health Practitioner (EHP). None compliance to acquire a permit during this period will result in a new application process

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**NAME OF EHP SIGNATURE**