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

|  |  |
| --- | --- |
| NAME & SURNAME OF APPLICANT: |  |
| ID NUMBER: |  |
| NAME OF PREMISES: |  |
| PHYSICAL ADDRESS: |  |
|  |
|  |
| POSTAL ADDRESS: |  |
|  |
|  |
| ERF NR. |  |
| TELEPHONE NR: |  |
| CELL NR: |  |
| FAX NR: |  |
| E-MAIL: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF BUSINESS | Mark with (X) on the appropriate box | YES | NO |
| Dry cleaning |  |  |
| Laundry |  |  |
| Salon |  |  |
| Beauty Parlor |  |  |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Is a first aid kit available? |  |  |
| Number of staff members |  |  |
| Has an application been made with the Municipality for a Business License? |  |  |
| Has fire clearance been obtained? |  |  |
| Business hours: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| TYPES OF TOILETS AVAILABLE Mark with (x) | | | |
| Flush | Chemical | V.I.P  (Ventilated Improved Pit) latrine | Pit latrine |
|  |  |  |  |

**\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF APPLICANT DATE**

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

|  |  |
| --- | --- |
| **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 |
| Transfer of Health Certificate | R250.00 |
| **BANKING DETAILS** | |
| Name of Bank | First National Bank |
| Account Holder | Ehlanzeni District Municipality |
| Account Number | 62113491419 |
| Type of Account | Business Cheque |
| Branch Code | 250655 (Swift 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

This application is valid for three months from date of inspection by the Environmental Health Practitioner. Non -COMpliance to acquire a permit during this period will result in a new application process.