|  |
| --- |
| **REF: COM/COA 3303** |

**PERSONAL PARTICULARS**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER** | | **PERSON IN CHARGE** | |
| NAME AND SURNAME |  | NAME AND SURNAME |  |
| ID. NUMBER |  | ID NUMBER |  |
| SIGNATURE |  | SIGNATURE |  |
| DATE OF APPLICATION |  | DATE OF APPLICATION |  |
| RESIDENTIAL ADDRESS |  | RESIDENTIAL ADDRESS |  |
| TELEPHONE NUMBER |  | TEL. NUMBER |  |
| **PHYSICAL ADDRESS:**  BUSINESS NAME: ………………………………………………………………………………………………………………………………  BUSINESS TYPE: ………………………………………………………………………………………………………………………………  AREA : ………………………………………………………………………………………………………………………………  TEL. NUMBER : ……………………………………………………………………………………………………………………………….  STAND NO : ………………………………………………………………………………………………………………………………..  STREET ADDRES: ……………………………………………………………………………………………………………………………..  BUSINESS POSTAL ADDRESS: …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….. | | | |

**PARTICULARS OF PREMISES**

**MARK WITH (X) ON AN APPROPRIATE PREMISE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BUILDING |  | FOOD TROLLEY |  | CARAVAN |  | FOOD STALL |  | OTHER(SPECIFY) |  |

|  |  |
| --- | --- |
| **FACILITIES** | |
| NUMBER OF TOILETS |  |
| NUMBER OF HAND WASH BASIN(S) |  |
| WASHING FACILITIES |  |
| NUMBER OF STORE ROOMS |  |
| NUMBER OF CHANGE ROOMS |  |

**LIST OF ACTIVITIES INVOLVED**

|  |  |
| --- | --- |
| **STAFF COMPLEMENT** | |
| **NUMBER OF WOMEN** | **NUMBER OF MEN** |
|  |  |

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

**SIGNATURE OF APPLICANT DATE OF APPLICATION**

**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 | R250.00.00 |
| Re-issue/Review/Renewal of Health Certificate | R250.00.00 |
| **BANKING DETAILS** | |
| Name of Bank | First National Bank |
| Account Holder | Ehlanzeni District Municipality |
| Account Number | 62113491419 |
| Type of Account | Cheque Account |
| Branch Code | 250655 |
| Deposit Reference number | **COM/COA 3303** |

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 R250.00.00 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.