

REHOBOTH TOWN COUNCIL

Die Raadsaal - Rooms Bag 2500 - 060900000 - 060900000 - 060900000 - 060900000

TO WHOM IT MAY CONCERN:

APPLICATION TO REGISTER A BUSINESS:

1. Attached find an Application to Register as a business within the town area of Rehoboth in terms of the *General Health Regulations GN 121 of 1969* as amended.
2. Please indicate the date on which your business will be ready for re-inspection. The application form must be submitted to the Office of the *Environmental Health Officer* or personally be handed in at *Room No.35* of the *Town Council of Rehoboth*.

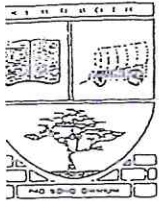
Address: The Chief Executive Officer
Town Council of Rehoboth
Private Bag 2500
REHOBOTH
NAMIBIA

Yours in Health

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HEALTH INSPECTORATE

REGISTRATION FEE = Hawker: N\$ 300.00

Re-inspection fee: N\$ 75.00



REHOBOTH TOWN COUNCIL

Tel: (062) 521800 Private Bag 2500 Fax (062) 522090, Rehoboth, Namibia, Email: towncreh@mweb.com.na

Application Certificate of Fitness and Registration

New application

Renewal

Transfer

(Mark with an "X")

NAME OF BUSINESS

NAME OF OWNER

NAME OF MANAGER

POSTAL ADDRESS

TELEPHONE OR CELL NO FAX NO.

E-MAIL ADDRESS.....

PHYSICAL ADDRESS OF BUSINESS

Erf No. Ext. Township/Location

TYPE OF BUSINESS TO BE REGISTERED

All applicants for a new registration, when requested, are required to submit a building plan (ground layout) of the intended business and the following: Two Passport Photos, one ID copy, Rental Agreement or Letter of Ownership or Water Bill Paper and Founding Statement should be attached.

I agree to pay inspection fees and the property will be ready for inspection on: DATE THIS:
DAY OF..... 2020

Consent of the owner of registered property

.....
Property owner's signature

.....
Date

.....
Applicant's signature

.....
Date

FOR OFFICIAL USE ONLY

Administration/ inspection fee: Registration fee:.....

Receipt No: Receipt No:

Date: Date:

Vote No.: 0038325.....

Vote No.: 0038308.....

Doc No. _____

FINANCE DEPARTMENT

Date Received: _____

Name of Applicant: _____

Name of Business Trading: _____

Erf/Plot Owner: _____

PROPERTY INFORMATION

Erf/Plot No. _____

Location: _____

Owner/ Registered Tenant: _____

DEBTORS INFORMATION

	Account No.	Amount N\$
Owner/ Main Tenant Account		
Other Consumer: Name		
1.		
2.		
3.		
4.		

Remarks: _____

Debtors Accountant: Signature..... Date Stamp.....

DIVISION OF PLANNING & PROPERTIES

Zoning: _____

Business: Residential: General Residential: Industrial: Institutional:

Building plan submitted Approved Not approved

Comments:..... No

approved / Approved

With the following conditions:

Building Inspector Signature..... Date: Stamp.....

DIVISION OF EMERGENCY SERVICES

Nature of Business:

Business: Residential: General Residential: Industrial: Institutional:

Building plan submitted Approved Not approved

Comments:

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Not approved / Approved

With the following conditions:

.....
.....
Notes: Required for:

- All Assembly Occupancies (including restaurants and other gathering places for 50 or more occupants)
- All Educational Occupancies (including commercial day care facilities)
- All Hazardous Occupancies (including repair garages, body shops, fuel storage)
- All Storage Occupancies where potential exist for high piled storage
- All Institutional Occupancies
- All High-rise buildings of all Occupancies
- Residential Occupancies such as hostels, guest houses, bed and breakfast, residential care facilities, apartment houses, small and large family day care homes
- Thatch roofs, tents, awnings or other fabric enclosures used in connection with any occupancy
- All fire alarm and suppression systems

DIVISION OF ENVIRONMENTAL HEALTH SERVICES

Comments: During Inspection:

Not approved / Approved with the following conditions:

.....
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Signature:..... Date Stamp:.....