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| --- | --- |
|  | **Mafube Local Municipality**COMMUNITY SERVICES DIRECTORATE64 J.J Hadebe Street Phone : 058 813 1051P O Box 2 Fax : 058 813 3072FRANKFORT, 9830 E-mail: info@mafubelm.gov.za |

# APPLICATION FOR A LICENSE / PERMIT TO CARRY ON A BUSINESS

**AS PER FREESTATE INTERGRAGED BUSINESS SUPPORT, LICENSING AND REGULATION ACT NO. 2 OF 2024 BY-LAW**

**For you application to be considered the below must be complied with:**

* **SARS Compliance**
* **Identification Document**
* **Receipt of Non-refundable fee of R100**
* **Complete application form**
* **Business Registration (CIPC)**
* **Proof of address**
1. **Name of licensing authority: Mafube Local Municipality**
2. Indicate with an X whether this application is in respect of:
	1. A new license

|  |
| --- |
| A |
| B |
| C |

* 1. A relocation of a business to new premises
	2. An amendment of information on existing license
1. Full name of applicant (name of individual, company, partnership, etc. in whose name the license should be issue) (Please attach proof)
2. Trade name of business:
3. Postal address of business:
4. Street address of business:
5. Street address of premises where food will be prepared:
6. Erf number: 9. Zoning
7. License/s applied for:

Hawker

Food Premises

Entertainment

1. Contact number/s of applicant:
2. Email address of applicant:
3. If the application is for a business include in Item 2 of Schedule 1 of the Act, **full name, identification number and residential address of the person who will be in effective control of the business.**
4. Was the application the holder of a hawker’s license which was withdrawn in the twelve

months preceding this application? (YES/NO)

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

# PART (A) FORMAL & INFORMAL TRADING Incl ACCOMODATION ESTABLISMENTS

1. Do you have an approved stand?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. Street address of premises where goods will be stored:
2. Is it a private or business property?

|  |  |  |  |
| --- | --- | --- | --- |
| Private |  | Business |  |

# PART (B & C) LIFESTYLE, SPORT AND ADULT ENTERTAINMENT SERVICES

1. Type of entertainment

|  |  |  |  |
| --- | --- | --- | --- |
| Machines / Games / Pool tables | Disco / Club/ Karaoke | Massage Parlors & Escort Agency | Casino / Slots |

1. Do you have a liquor license?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. Are you making use of live artists / DJ’s?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. Indicate the time the live artists / DJ’s will perform: \_ to \_
2. Is the premises sound proof?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. What measures do you have in place to manage noise from your premises?
2. What are the trading hours of the business? to

# HEALTH ESTABLISHMENT

1. Did you obtain a Certificate of Acceptability from Fezile Dabi District Municipality?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. How many toilet facilities is on the premises?

Indicate no

1. Is there a first aid kit on the premises?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. Is there a person with first aid knowledge present at the premises?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. Is the equipment sterilized in a correct manner?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. Is the waste water disposed of in a correct manner?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

# FOOD PREMISES

1. Did you obtain a Certificate of Acceptability from Fezile Dabi District Municipality?

**(if no, application cannot be processed**)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

1. How many toilet facilities is on the premises?

Indicate no

1. What are the trading hours of business: to

I, certify that the information contained in this application is true and correct to the best of my knowledge and belief.

**Signature: \_**

**Capacity of applicant:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION APPROVED / NOT APPROVED SIGNED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF ISSUE OF PERMIT / LICENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_MUNICIPAL STAMP**