

## APPLICATION FOR A HEALTH CLEARANCE CERTIFICATE

IN TERMS OF THE PUBLIC HEALTH ACT 5/1969, PART IV, 26 (4)

### TRADING LICENSE APPLICATION PROFILE

APPLICANT: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: STREET: \_\_\_\_\_ LOT NO.: \_\_\_\_\_

BUILDING NAME: \_\_\_\_\_ OFFICE/SHOP NO: \_\_\_\_\_

CONTACT DETAILS: TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF PERSON IN CHARGE OF BUSINESS: \_\_\_\_\_

OWNER OF PREMISES: \_\_\_\_\_

PURPOSE OF APPLICATION: GRANT \_\_\_\_\_ RENEWAL \_\_\_\_\_ TRANSFER \_\_\_\_\_ AMENDMENT \_\_\_\_\_

OTHER (specify) \_\_\_\_\_

TYPE OF TRADING: \_\_\_\_\_

TRADING NAME/STYLE: \_\_\_\_\_

DATE APPLICATION FILLED: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEARING NOTICE ATTACHED (DATE \_\_\_\_/\_\_\_\_/\_\_\_\_): YES \_\_\_\_\_ NO \_\_\_\_\_

PROOF OF AGREEMENT WITH OWNER (IF YOU **NOT** THE OWNER): YES \_\_\_\_\_ NO \_\_\_\_\_

PROOF OF OWNERSHIP (IF YOU ARE THEE OWNER): YES \_\_\_\_\_ NO \_\_\_\_\_

FULL APPLICANT'S NAME: \_\_\_\_\_ SIGNATURE : \_\_\_\_\_ ( of person filing the form)

APPLICATION RECEIVED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

LAND-USE PERMITTED: YES \_\_\_\_\_ NO \_\_\_\_\_, IF NO, CAN CLIENT APPLIES FOR SPECIAL CONSENT: YES \_\_\_\_\_ NO \_\_\_\_\_

ANY OTHER SPECIFIC CONDITIONS: \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ ( Public Health) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NB:** No application will be processed without a copy of the hearing notice issued by the Ministry of Commerce Industry & Trade (Licensing Officer)

**"OUR TOWN | OUR PRIDE"**