

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL MANAGEMENT

FITNESS CERTIFICATE APPLICATION FORM

New application

Renewal

NAME OF BUSINESS

NAME OF OWNER/ MANAGER

POSTAL ADDRESS

TELEPHONE OR CELL NO

E-MAIL ADDRESS

PHYSICAL ADDRESS OF BUSINESS

ERF NO TOWNSHIP / LOCATION

TYPE OF BUSINESS TO BE REGISTERED.....

Commercial Centre of

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

I agree to pay inspection fees and the property will be ready for inspection on: **Date this: day of..... 20.....**

Consent of the owner of registered property

.....
Property owner's signature

.....
Date

.....
Applicant's signature

.....
Date

FOR OFFICIAL USE ONLY

Inspection fee:

Administration fee:

Receipt No:

Receipt No:

Date:

Date:

DEPARTMENT OF FINANCE

Date Received
 Name of Applicant
 Name of Business Trading
 Erf no
 Plot Owner
 Location

DEBTORS INFORMATION

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

Remarks:

Debtors Accountant: Signature Date Stamp

DEPARTMENT OF PLANNING & PROPERTIES

Zoning:
 Business: Residential: General Residential: Industrial: Institutional:
 Overall zoning remark Approved Not approved.

Comments:

Building plan submitted remark Not approved / Approved

With the following conditions:

.....

Building Inspector: Signature Date: Stamp

**DEPARTMENT OF HEALTH AND ENVIRONMENTAL MANAGEMENT
 EHP's RECOMMENDATION**

Comments:

Not Recommended / Recommended with the following conditions:.....

.....

Signature:..... Date Stamp

SUPERVISOR's APPROVAL

Comments:

Not approved / Approved with the following conditions:.....

.....

Signature:..... Date Stamp