

**ETHEKWINI LICENSING AUTHORITY**

**ANNUAL NOTIFICATION OF CARRYING ON A BUSINESS**

**TRADING NAME:** .....

**LICENCE NUMBER:** .....

**PREMISES ADDRESS:** .....

**POSTAL ADDRESS:** .....

**Documents to accompany renewal:**

- **Original licence**
- **Identity document of owners**
- **Close corporation (CC) or Certificate of Incorporation (Company documents)**
- **Proxy letter**
- **SAPS Fingerprint clearance with “No Illicit Activity Identified”**

1. I hereby confirm that the business for which the licence was issued is continuing to be conducted from the premises specified in the licence, and that no other business for which a licence is required in terms of the Act is being conducted from the same licenced premises without the required licence.

2. (a) Please fill applicable field below with the Licence Holders Name:

- Close Corporation: .....

- Company (Pty) Ltd: .....

- Sole Proprietary: .....

- Trust: .....

(b) Please furnish this department with the following:

The name and Identity number of the person in actual and effective control of the business:

**Name and Surname**

**ID Number**

.....

.....

.....

.....

.....

.....

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**CAPACITY**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TELEPHONE NO.**

\_\_\_\_\_  
**PRINT NAME**