



For office use – Employee name and Signature: _____

License application number: _____

DATE: _____

AMOUNT: _____

EThekweni Municipality

Business Support, Markets and Tourism Unit

BUSINESS LICENSING APPLICATION FORM

Please Tick The Appropriate Box

RMS Customer Account Number (office use)	
Section A	
Customer Type	<input type="checkbox"/> Private Individual <input type="checkbox"/> Business
Company / CC Name	
Company / CC registration number	
Sole Proprietor	
Section B	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Surname	
First Name	
Residential Status	<input type="checkbox"/> South African <input type="checkbox"/> Non South African <input type="checkbox"/> Asylum Seeker
Nationality	<input type="checkbox"/> South African <input type="checkbox"/> Non South African
Asylum seeker permit number	
Asylum seeker permit expiry date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Of Birth	
Race	<input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Colored <input type="checkbox"/> Other
Section C	
Identity Type	<input type="checkbox"/> Book Of Life (ID) <input type="checkbox"/> Passport
Identity Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Passport Number	
Passport Expiry Date (DD/MM/YYYY)	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



EThekweni Municipality

Business Support, Markets and Tourism Unit

Section D		
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Zulu <input type="checkbox"/> Afrikaans <input type="checkbox"/> Other	
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Post	
Cellphone Number		
Alternative cellphone number		
Business Telephone Number		
Home Telephone Number		
Fax Number		
Email		
Section E		
Address Type	Residential Address (Physical)	Postal Address
Unit Number		
Block Name		
Complex Name		
Street Number		
Street Name		
Street Type		
Suburb		
City		
Province		
Country		
Postal Area		
Postal Code		
Postal Address same as Residential Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address Type	P O Box	
Box Number		
Postal Area		
Postal Code		
City		
Effective From		



EThekweni Municipality

Business Support, Markets and Tourism Unit

DOCUMENTS TO SUBMIT

- Certified copy of the ID
- Asylum seeker permit OR foreign passport with a valid business visa (non-South African)
- Original landlord consent and valid lease agreement
- Proof of ownership – **Rates letter** (if applicant is the owner of the building) OR **shareholder certificate** (if building is a share block)
- Close corporation, certificate of incorporation and director's or member's details and certified copies of their ID documents
- Proxy letter when lodging on behalf of a CC/company
- Police clearance with no illicit activity not older than 1 year (for entertainment of health facility applications only –ITEM 2)
- Electrical certificate of compliance not older than 1 year (for accommodation establishments only).

Date submitted:

Applicant's signature: