



License application number: _____

DATE: _____

AMOUNT: _____

EThekweni Municipality

MUNICIPAL PLANNING DIRECTORATE

BUSINESS LICENSING APPLICATION FORM

Please Tick The Appropriate Box

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



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Section D		
Preferred Language	☐ English ☐ Zulu ☐ Afrikaans ☐ Other	
Preferred Contact Method	☐ Email ☐ Fax ☐ Phone ☐ 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	☐ Yes ☐ No	
Address Type	P O Box	
Box Number		
Postal Area		
Postal Code		
City		
Effective From		



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Section F	BUSINESS INFORMATION
Business name	
Business street number	
Business street name	
ERF number	
Complex name	
Unit number	
Suburb	
WARD NUMBER	
City	
License Type	☐ Food ☐ Entertainment and Health Facility ☐ Accommodation
Food license options	☐ Food : _____ ☐ Food and liquor ☐ Liquor only
Entertainment/Health facility options	☐ Saunas & Health baths ☐ Massage or infrared treatment ☐ Escort services ☐ Amusement mechanical or electronic instruments ☐ Snooker or billiard tables ☐ Night club or discotheque ☐ Cinema or theatre ☐ Adult premises
Accommodation certificate options	☐ Bed and Breakfast ☐ Self-catering ☐ Guest houses ☐ Lodge ☐ Hotel
Application type	☐ New Application ☐ Amendment ☐ Change of Ownership ☐ Transfer
Business License number (if licensed)	
Property ownership	☐ Owner ☐ Tenant
Lease expiry date	Year – month- day
Section G	EFFECTIVE CONTROL/ MANAGEMENT (Entertainment licenses – only)
Name of the Manager	
Manager's ID number	
Fingerprint clearance with no illicit activity	☐ Yes ☐ No
Contact number	



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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).
- A valid tax clearance certificate with pin number issued by the South African Revenue service.

I hereby declare that the information and documents submitted herewith are correct and true to the best of my knowledge. I will be responsible for any legal action arising out of any misrepresentation of facts or incorrect information being submitted in my documents.

Date submitted:

Applicant's signature:

OFFICE USE

NAME: _____

SIGNATURE: _____

DATE: _____