

**APPLICATION FOR A LICENCE TO CARRY ON A BUSINESS****(BUSINESS ACT, 1991)**

Licence(s) applied for: .....

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New :       Transfer:       Removal:       Duplicate:

Full name of Applicant: .....

Trade name of Business: .....

Street Address of Business: .....

.....

.....

Postal Address of Business: .....

.....

.....

Owner of Premises: .....

Approval of Owner: Yes       No

Street address where goods will be stored: .....

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Name of contact person: .....

Telephone number: .....

Fax number: .....

Email address: .....

If the application is for a business for the provision of certain types of health facilities or entertainment, **THE FULL NAME, IDENTIFICATION NUMBER AND RESIDENTIAL ADDRESS OF THE PERSON WHO WILL BE IN EFFECTIVE CONTROL OF THE BUSINESS.**

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Was the applicant the holder of a hawker’s licence which was withdrawn in the twelve months preceding the application.

Yes  No

I.....

Certify that the information contained in this application is true and correct to the best of my knowledge and belief

SIGNATURE OF APPLICANT.....

CAPACITY OF APPLICANT.....

DATE.....

