**KARIBIB TOWN COUNCIL**

**Office of the Chief Executive Officer**

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**APPLICATION FORM OF CERTIFICATE OF FITNESS AND REGISTRATION**

**PLEASE NOTE THAT THE APPLICATION FEE IS NON-REFUNDABLE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MARK THE APPROPRIATE BOX** | | | | | |
| **NEW APPLICATION** |  | **RENEWAL** |  | **CHANGE**  *(ownership/premises)* |  |
| Building plan |  | MoF - Valid Good Standing certificate |  | Notification letter |  |
| Certified ID copies (owner/manager) |  | Food handlers Medical certificates |  | Certified ID copies (owner/manager) |  |
| Lease Agreement (in case of rental space) |  | Certified Liquor and Gambling license |  | Cert. Original Registration & Fitness certificates |  |
| MITSMED/Business Registration |  | Certified ID copy |  |  |  |
| Food handlers Medical certificates |  |  |  |  |  |
| MoF - Valid Good Standing certificate |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **BUSINESS DETAILS** | | | | | | | |
| Business name | |  | | | | | |
| Name of Owner | |  | | | | | |
| Identity Number | |  | | | | | |
| Name of Manager | |  | | | | | |
| Erf No &Business Street Address | |  | | | | | |
| Zoning | |  | | | | | |
| Type of Business | |  | | | | | |
| Products Offered for Sale | |  | | | | | |
| 1. **NUMBER OF PEOPLE EMPLOYED** | | | Male |  |  | Female |  |
| 1. **CONTACT DETAILS** | | | | | | | |
| Postal Address | | |  | | | | |
| Tel/Cell phone number | | |  | | | | |
| Email Address | | |  | | | | |
| Fax Number | | |  | | | | |
| Properties Owners Name | | |  | | | | |
| Applicant’s Signature | | |  | | | | |
| 1. **TO BE COMPLETED BY THE MANUFACTURERS ONLY** | | | | | | | |
| Goods manufactured |  | | | | | | |
| Materials used |  | | | | | | |

**FOR OFFICIAL USE ONLY**

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| --- |
|  |

**Business Registration Number**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **REVENUE CONTROL DIVISION** | | | | | | | |
| Water Account number | | | | | |  | Date |
| **Outstanding amount N$:** | | | | | | | **Signature Cashier:** |
| Approved with the following condition : | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | Reason for not approval: | | | |
| Signature stamp | | | | | | | |
| 1. **SAFETY, HEALTH AND ENVIRONMENTAL DIVISION** | | | | | | | |
| Approved with the following condition : | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | | Reason for not approval: | | |
| Signature stamp | | | | | | | |
| 1. **TOWN PLANNING DIVISION** | | | | | | | |
| Approved on the following conditions: | | | | | | | |
|  | | | | | | | |
| Not Approved |  | | Reason for not approval: | | | | |
| Signature stamp | | | | | | | |
| **4.FIRE DIVISION** | | | | | | | |
| Approved on the following Condition: | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | | Reason for not approval: | | |
| Signature stamp | | | | | | | |
|  | | | | | | | |
| **5.CHIEF EXECUTIVE OFFICER** | | | | | | | |
| Approved on the following conditions**:** | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | | Reason for not approval: | | |
| Signature stamp | | | | | | | |