**KARIBIB TOWN COUNCIL**

**Office of the Chief Executive Officer**

**Tel: (+264 64) 550016 19Kalk Street P. O. Box 19**

**Fax: (+264 64) 550032 Karibib, Namibia**

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

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

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| **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**

|  |
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| 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 |