



KARIBIB TOWN COUNCIL

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APPLICATION FORM FOR STREET VENDORS/HAWKERS IN KARIBIB TOWN

Yearly Registration Fee: N\$ 139.74

NOTE: CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS OF THE APPLICANTS MUST BE SUBMITTED WHERE APPLICABLE

1. ID Document
2. Companies of Close Corporation Registration Certificate If Applicable

Please write where you would like to sell _____

*****Please note where you write does not guarantee you will be allowed to sell there**

1. PERSONAL DETAILS OF APPLICANT

- A. Surname and Full name of the Applicant: _____
- B. ID or passport number of the Applicant: _____
- C. Nationality: _____
- D. Gender: _____
- E. Marital Status: _____
- F. Residential Address: _____
- G. Contact Details: Telephone: _____ Cell: _____
- H. Postal Address: _____

2. BUSINESS DETAILS

- A. Name of the Business: _____
- B. Type of the business: _____
- C. Describe or list the products or services you are intending to sell: _____

3. MOTIVATION (Please motivate your application and if the space provided is not enough attach a separate sheet)

Terms and Conditions



- The Karibib Town Council reserve the right not to approve or to refuse to consider any application that is not fully completed or supported by the documents as required.
- Should it at any stage transpire that any of the information supplied is incorrect or false, Karibib Town Council reserve the right not to approve such application and to withdraw the application.
- The applicant solely agrees and takes responsibility to clean the area of operation before and after working hours.
- The fees are subjected to change from time to time as per the new Council Tariffs as may be determined by the Council.
- The applicant undertakes to adhere to the Local Authority Act (23 of 1992), Council's by-laws and General Health Regulations.
- The applicant will be required to obtain a **Food Handlers Medical Certificate** if handling food, applicants without medical certificates will not be approved.
- The applicant is bound to pay all the municipal services supplied by the Council.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20__

SIGNATURE OF APPLICANT

OFFICIAL USE ONLY

COMMENTS: FINANCE

ALL ACCOUNTS PAID IN FULL: YES/NO

DATE

SIGNATURE

COMMENTS: ENVIRONMENTAL HEALTH PRACTITIONER

CONTRAVENTION OF GENERAL HEALTH REGULATIONS: YES/NO

CONTRAVENTION OF BUSINESS REGULATIONS AS THE LAWS IN PLACE: YES/NO

DATE

SIGNATURE

COMMENTS: CHIEF EXECUTIVE OFFICER

APPROVED/NOT APPROVED

REASONS (IF ANY)

OPERATION AREA APPROVED:

.....

CHIEF EXECUTIVE OFFICER

DATE: _____