New Application	
Amendment	
Relief	
Change of ownership	

EThekwini Municipality

MUNICIPAL PLANNING DIRECTORATE

BUSINESS LICENSING APPLICATION FORM

Please Tick The Appropriate Box

Section A		
	☐ **Private Individual** ☐ **Business**	
Title	☐ **Mr** ☐ **Mrs** ☐ **Miss** ☐ **Ms** ☐ **Other**	
Full Names of Applicant		
CC Name / Pty / Trust		
Identity Number / Passport Number / Refugee ID Number		
Nationality	☐ **South African** ☐ **Non-South African**	
Cellphone Number		
Alternative Number		
Email address		
Address Type	**Residential Address (Physical)**	**Postal Address**
Unit Number		
Block Name		
Street Number		
Street Name		
Suburb		
City		
Province		
Postal Code		
Postal Address same as Residential Address	☐ **Yes** ☐ **No**	
Section B	**BUSINESS INFORMATION**	
Business Name		
Physical Address of the Business		
Shop / Unit Number		
Complex Name		
City		
Ward Number		
Application Type	☐ **Food** ☐ **Entertainment and Health Facility** ☐ **Accommodation** ☐ **Liquor Only** ☐ **Food and liquor** ☐ **Beauty Salon** ☐ **Hair Salon** ☐ **Barber Shop**	

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Type of business	
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
Business License number (if licensed)	
	EFFECTIVE CONTROL/ MANAGER (Entertainment licenses – only)
Name of the Manager	
Manager's ID number	
Contact number	
Section C	
Is the applicant a holder of a business license that was withdrawn or suspended? □ Yes □ No	
Is the applicant sourcing goods from a reliable supplier? □ Yes □ No	

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:**

FOR OFFICE USE

License Application Number	
Date	
Amount	
Name of clerk	
Signature of clerk	