



**SENQU LOCAL MUNICIPALITY**

**DEVELOPMENT AND TOWN PLANNING SERVICES**

**ANNUAL APPLICATION FOR A LICENSE TO CARRY ON A BUSINESS  
IN TERMS OF THE BUSINESSES ACT NO. 71 OF 1991**

---

1. Indicate with an X whether this application is in respect of:

(a) A new license

A
---

(b) A relocation of a business

B
---

(c) Renewal of business license

C
---

---

2. Indicate SMME Category

---

3. Indicate no of people employed: Permanent..... Temporary.....

4. Indicate size of SMME as per category above (Refer to page 7)

(a) small

A
---

(b) medium

B
---

(c) macro

C
---

<b>SECTION A</b>	
<b>Customer Type</b>	Informal Business <input type="checkbox"/> Registered Business <input type="checkbox"/>
<b>Company Name</b>	
<b>Company Registration Number</b>	
<b>Sector</b>	
<b>Services Offered</b>	
<b>SECTION B</b>	
<b>Title</b>	
<b>Surname</b>	
<b>Name(s)</b>	
<b>Nationality</b>	South African <input type="checkbox"/> Non-South African <input type="checkbox"/>
<b>Identity Type</b>	ID Book/Smartcard <input type="checkbox"/> Passport/Permit <input type="checkbox"/>
<b>Identity Number</b>	
<b>Passport/Asylum seeker permit number if it allows owning a business.</b>	
<b>Passport/Asylum seeker permit expiry date</b>	

<b>SECTION C</b>	
<b>Personal Contact Number</b>	
<b>Business Contact Number</b>	
<b>Email Address</b>	
<b>Home Address</b>	
<b>Town</b>	
<b>Postal Code</b>	

<b>SECTION D: BUSINESS INFORMATION</b>	
<b>Business Name</b>	
<b>Business Address</b>	
<b>Erf Number</b>	
<b>Suburb/Village</b>	
<b>Town</b>	
<b>Postal Code</b>	
<b>Property Ownership</b>	Owner <input type="checkbox"/> Tenant <input type="checkbox"/>
<b>If Tenant, Indicate Owner Details</b>	
<b>Do you have a title deed/lease agreement?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is the Business zoned for commercial use?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>SECTION E</b>	
<b>Business License Type</b>	Food <input type="checkbox"/> Entertainment <input type="checkbox"/> Accommodation <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Hawker <input type="checkbox"/> Cosmetic Services & Salons
<b>Food &amp; Beverages License Options</b>	Fast Food <input type="checkbox"/> Catering <input type="checkbox"/> Liquor <input type="checkbox"/> Food vans/ Mobile kitchens: <input type="text"/>

<b>APPLICATION DETAILS</b>	
<b>Date Of Submission</b>	
<b>Applicant Name and Surname</b>	
<b>Applicant Contact Number</b>	
<b>Signature</b>	

I \_\_\_\_\_ hereby agree to abide by all legislation requirements and am aware my license may be revoked on failure to do so with no compensation of any fees paid. I, being the legal owner or acting as the legal consent of the owner certify that the information contained in this application is true and correct to the best of my knowledge and belief. I am also aware that if there are any outstanding service or rates accounts on my name, the Senqu Municipality reserves the right to approve this application subject to these accounts being paid in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>REQUIRED DOCUMENTS CHECKLIST</b>	
✓	A certified copy of Identification document / Passport and a permit if you are not a South African citizen.
✓	CIPC Company Registration Certificate.
✓	Proof of ownership of business premises/ Lease Agreement / Title Deed
✓	Zoning or land use Certificate issued by the Land Use and Town Planning Unit/ Affidavit
✓	Latest municipal rates account / proof that a repayment agreement / Cllr letter indicating that rates are not applicable.
✓	Approved Environmental Health Practitioner Report (If applicable):
✓	Approved Building Inspector report
✓	Completed Business Licensing Application Form
✓	Proof of Payment

**FOR OFFICE USE ONLY**

**A) BUSINESS LICENSE SECTION**

Date received: \_\_\_\_\_ Received by (Name) \_\_\_\_\_

Area name: \_\_\_\_\_ Proof of Payment( R) \_\_\_\_\_

Is erf no correct: \_\_\_\_\_ is zoning correct: \_\_\_\_\_

All documents received:

Yes	NO
-----	----

Indicate outstanding documents:

**B) TOWN PLANNING SECTION**

**Date application document received:**

Is land use correct? YES  NO  Please cross correct box

Can the application proceed? YES  NO  Please cross correct box

RECOMMENDATION

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

**C) REVENUE SECTION**

**Date application document received:**

Are rates and accounts up to date? YES  NO  Please cross correct box

Can the application proceed? YES  NO  Please cross correct box

RECOMMENDATION

---

---

Signature

Date

<b>SIZE AND SECTOR OF SMME's</b>			
<b>Sectors</b>	<b>Size or class of enterprise</b>	<b>Total full time equivalent of paid employees</b>	<b>Total annual turnover</b>
Agriculture	Medium	51-250	<35 million
	Small	11-50	<17 million
	Micro	0-10	<7 Million
Mining and Quarrying	Medium	51-250	<21 million
	Small	11-50	< 50 million
	Micro	0-10	<15 million
Manufacturing	Medium	51-250	<170 million
	Small	11-50	<50 million
	Micro	0-10	<10 Million
Electricity, gas and water	Medium	51-250	<180 million
	Small	11-50	< 60 million
	Micro	0-10	<10 million
Construction	Medium	51-250	<170 million
	Small	11-50	<75 million
	Micro	0-10	<10 Million
Retail, motor trade and repair services	Medium	51-250	<80 million
	Small	11-50	< 25 million
	Micro	0-10	<7.5 million
Wholesale	Medium	51-250	<220 million
	Small	11-50	<80 million
	Micro	0-10	<20 Million
Catering, accommodation and other trade	Medium	51-250	<40 million
	Small	11-50	< 15 million
	Micro	0-10	< 5 million
Transport, storage and communications	Medium	51-250	<140 million
	Small	11-50	<45 million
	Micro	0-10	<7.5 Million
Finance and Business Services	Medium	51-250	<85 million
	Small	11-50	< 35 million
	Micro	0-10	<7.5 million
Community, social and personal services	Medium	51-250	<70 million
	Small	11-50	< 22 million
	Micro	0-10	<05 million