

PHYSICAL ADDRESS
PORT ST. JOHNS LOCAL MUNICIPALITY
ERF 257 MAIN ROAD
PORT ST. JOHN'S

POSTAL ADDRESS:
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5120



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BUSINESS PERMIT APPLICATION FORM AS PER BUSINESS ACT ,1991

PERMIT NUMBER : _____

FULL NAME OF APPLICANT : _____

TRADE NAME OF THE BUSINESS : _____

LICENSE(S) APPLIED FOR : : _____

ID NO/ BUSINESS REGISTRATION : _____

CONTACT NUMBER : _____

BUSINESS NAME : _____

BUSINESS HOURS OF OPERATION : _____

BUSINESS TYPE : _____

DATE OF ISSUING : _____

DATE OF EXPIRY : _____

The abovementioned application for a business permit to operate a business situated on Erf Street is **APPROVED** and this approval shall be of no force or effect if the following conditions have been breached or not been complied with:

1. The permit granted does not absolve the applicant from any duties or responsibilities which may be imposed on the business for compliance in terms of any other relevant laws, regulations and standards
2. The permit does not bind the Council to issue or to authorise the issuing of any license or further consent required to operate the business
3. The business must maintain a safe and healthy environment for employees, customers



- and the public
4. The business must comply with environmental regulations and standards.
 5. The business must operate in accordance with the zoning and land use regulations
 6. The business if will do outdoor advertisement, must display approved signages.
 7. The permit shall not be transferable to successors in title, provided that with the further written consent of the Municipality

CERTIFICATION

I certify that the information provided is true and accurate. I understand that any false information may result in the denial or revocation of this permit.

Signature : _____

Date : _____

APPROVED BY	SIGNATURE	POSITION
Name: Ms Shirley Batyi		HOP: Planning & Development

MUNICIPAL STAMP

