



SCHEDULE

Form L.1

BUSINESS ACT, 1991

APPLICATION FOR LICENSE TO CARRY ON A BUSINESS

Submit application per area to (please indicate with x):

HERMANUS Ms M Middleton 028-313 8112 mmiddleton@overstrand.gov.za	HANGKLIP-KLEINMOND Ms K Gerber Du Toit 028-271 8415 kgerberdutoit@overstrand.gov.za	GANSBAAI-STANFORD Ms M Swart 028-384 8331 mswart@overstrand.gov.za
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(Allow at least 30 working days for approval/non-approval of license).

1. **Name of licensing authority:**

2. **Indicate with an x whether this application is in respect of:**

- (a) a new license
- (b) a relocation of a business
- (c) an alteration of information on existing license
- (d) Change of ownership

3. **Full name of applicant (name of individual, company, partnership, etc. in whose name the license should be issued):**

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4. **ID No.:**

5. **If applicant is not the same as Business- and/or Property owner, please supply the full name, identification number and residential address of Business- and/or Property owner:**

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6. **Trade name of business:**

7. State goods or services that will be traded with:

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8. Erf No. of business premises:

9. Street address of business premises:

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10. Postal address of business:

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11. Erf No. and Street address of premises where goods will be stored:

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12. Details of Contact Person:

Name:

Contact Number: Email Address:

13. Was the applicant the holder of a business license which was withdrawn in the twelve months preceding this application: (Yes / No)

14. I, certify that Information contained in this application is true and correct to the best of my knowledge and belief.

In terms of Section 3(2) of the Business Act, 1991, I hereby agree to an extension of 21 (twenty-one) days of the period in which the licensing authority shall make a decision on my application.

Signature of Applicant: Date:

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STEP BY STEP PROCESS:

1. Complete application form.
 2. **FIRSTLY:** Contact Town Planning Department to enquire whether Zoning of erf is correct to operate a business on the applicable erf.
 3. **SECONDLY:** Contact Building Control to enquire whether approved building plans are on record and Occupancy Certificate was issued (attach copy of Occupancy Certificate to application).
 4. **Ensure that the following documentation are attached to your application:**
 - i) ID COPY
 - ii) IF NOT PROPERTY/BUSINESS OWNER OF SHOP/BUILDING – Letter of permission from owner OR Lease Agreement as well as valid Power of Attorney/Company Resolution
 - iii) LAYOUT/FLOOR PLAN OF INTERNAL AREA OF SHOP/BUILDING
 - iv) FIRE SAFETY COMPLIANCE CERTIFICATE
 - v) OVERBERG DISTRICT MUNICIPALITY (ODM): HEALTH – CERTIFICATE OF ACCEPTABILITY (COA) (Compliance certificate issued to food process facilities & vendors in accordance with Regulation R638:2018)
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PLEASE NOTE:

If the Overstrand Municipality did not issue an official Business License Permit to you, you are not allowed to carry on with your business. All information required must be submitted and your business must adhere to all rules, regulations, policies and by-laws before a Business License Permit can be issues.

Please note: Payment of application fee may be paid in cash at the cashiers' office in the area as marked above or alternatively an electronic payment to the following bank account *(please send proof of payment to relevant official for the area as indicated on pg. 1)*:

ABSA, Public Sector: Western Cape, Universal Branch Code: 632005: Account No. 3220000035.
Reference: Applicant Name & Business License

Business License - Formal	R1 131.00	2024 0627 099421
Business License – Informal	R406.00	2024 0627 099421

DOCUMENTATION TO BE SUBMITTED AS PART OF THE APPLICATION

Please note that the application must include all relevant documents listed below (as annexures) to be considered a full application. **Only full application (all annexures attached) will be accepted and evaluated.** **Please do not submit the annexures separate from the application form i.e., bit by bit.**

1. **OVERSTRAND APPLICATION FORM** NO YES (Contact Administrator as stated on 1st page)

2. **TOWN PLANNING (Zoning)** NO YES

Hermanus: 028 313 8900 - Ms A Conradie (alida@overstrand.gov.za) OR Ms L Gillion (loretta@overstrand.gov.za)

Gansbaai/Stanford: 028 313 8900 - Ms A Conradie (alida@overstrand.gov.za) OR Ms L Gillion (loretta@overstrand.gov.za)

Kleinmond: Ms H van der Stoep (hvdstoep@overstrand.gov.za)

3. **BUILDING CONTROL** NO YES

Hermanus: Ms L Lubbe (liezllubbe@overstrand.gov.za) OR Mr J Abrahams (028 313 8944 / jabrahams@overstrand.gov.za)

Gansbaai/Stanford: 028-384 8321 – Mr R Dickson(rdickson@overstrand.gov.za) / Mr R Shield (rshield@overstrand.gov.za)

Kleinmond: Ms T Brewell (028-271 8433 / tbrewell@overstrand.gov.za)

Kleinmond to Rooi-Els: Mr S Rossouw (028 271 8434 / rossouw@overstrand.gov.za)

4. **FIRE SAFETY** NO YES

(Fire Safety Compliance Certificate)

For any enquiries, contact: Mr E Solomons (076 011 5052- esolomons@overstrand.gov.za) OR J Brussel (028 313 8109 / jbrussel@overstrand.gov.za)

5. **ODM: HEALTH** NO YES

(COA – Certificate of Acceptability)

For any enquiries, contact:

Hermanus: 028 313 1243 – Ms B Jim (bjim@odm.org.za) – Ms C Sauer (cadams@odm.org.za) – Ms R Erasmus (rene@odm.org.za)

Kleinmond: 028 0500942 – Ms S Oosthuizen (sanet@odm.org.za)

Stanford/Gansbaai: 028-313 1262 – Ms F Qumba (fqumba@odm.org.za)

6. **TRAFFIC DEPARTMENT** NO YES

For any enquiries, contact:

Hermanus: P de Gruchy (pdegruchy@overstrand.gov.za) / Y Smith (028 313 8196 / ysmith@overstrand.gov.za)

Gansbaai & Stanford: Mr B Minnie (028 384 8342 / bminnie@overstrand.gov.za)

Kleinmond: L Hanekom (028 271 8450 / lhankom@overstrand.gov.za)

6. **LAW ENFORCEMENT** NO YES

For any enquiries, contact:

Hermanus: Mr G Gillion (028 313 8996 / grantgillion@overstrand.gov.za)

Gansbaai & Stanford: Mr J du Toit (johandutoit@overstrand.gov.za)

Kleinmond: Mr G Gillion (028 313 8996 / grantgillion@overstrand.gov.za) OR R Samuels (028 271-8493 / rsamuels@overstrand.gov.za)

FOR OFFICIAL USE:

Application Status:

Supported / Not Supported			
Department	Yes	No	Comments
	Mark with X		
Town Planning			
Building Dept.			
Fire Dept.			
ODM: Health			
Traffic Department			
Law Enforcement Dept.			

Amount paid: R (Business License - Formal)

Type of License	Amount	B-Key (Cost Code)
Business License - Formal	R1 131.00	2024 0627 099421
Business License – Informal	R406.00	2024 0627 099421

Receipt number:

Hermanus Hangklip / Kleinmond Gansbaai / Stanford

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Divisional Manager: Strategic Support Services

Date: 20.....