

SCHEDULE

Form L.1

GANSBAAI-STANFORD

Ms M Swart

BUSINESS ACT, 1991

APPLICATION FOR LICENSE TO CARRY ON A BUSINESS

HANGKLIP-KLEINMOND

Ms K Gerber Du Toit

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

HERMANUS

Ms M Middleton

028-313 8		028-271 8415	028-384 8331
	on@overstrand.gov.za	kgerberdutoit@overstrand.gov.za	mswart@overstrand.gov.za
(Allow a	t least 30 working day	s for approval/non-approval of lice	ense).
. Nan	ne of licensing authori	ty:	••••••
. Indi	cate with an x whether	this application is in respect of:	
(a)	a new license		
()			
(b)	a relocation of a busir	ness	
(c)	an alteration of inform	nation on existing license	
(d)	Change of ownership		
. ID N	lo.:		
Deta	ails of Applicant:		
Nan	ne:	•••••	
Con	tact Number:	Email Address:	•••••
. Full	name, identification	number, residential address and	email address of Business
Owr	ner (if not applicant or	Proporty Owner).	
OWI	iei (ii iiot applicalit of	rioperty Owner.	

7.	Full name, identification number, residential address and email address of Property
	Owner (if not applicant or Business Owner):
8.	Trade name of business:
9.	State goods or services that will be traded with:
10.	Erf No. of business premises:
11.	Street address of business premises:
	•••••••••••••••••••••••••••••••••••••••
12.	Postal address of business:
13.	Erf No. and Street address of premises where goods will be stored:
	•••••••••••••••••••••••••••••••••••••••
14.	Was the applicant the holder of a business license which was withdrawn in the twelve
	months preceding this application: (Yes / No)
45	and the short
15.	I, certify that
	Information contained in this application is true and correct to the best of my knowledge and belief.
	knowledge and belief.
_	Assume of Continue 2/2) of the Positive Act 4004 Library
	terms of Section 3(2) of the Business Act, 1991, I hereby agree to an extension of
	(twenty-one) days of the period in which the licensing authority shall make a decision on application.
шу	application.
_ :	
Sig	nature of Applicant: Date:

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 is attached to your application:
 - i) ID COPY
 - ii) IF NOT PROPERTY/BUSINESS OWNER OF SHOP/BULDING 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)

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 the 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.

<u>Please note:</u> Payment of application fee may be paid in cash at the cashier's 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: Name of Business & Business License

Business License - Formal	R1 199.00	2024 0627 099421
Business License – Informal	R430.00	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	NO YES (Zoning Certificate)
	(<u>loretta@overstrand.gov.za</u>)	die (<u>alida@overstrand.gov.za</u>) OR Ms L Gillion A Conradie (<u>alida@overstrand.gov.za</u>) OR Ms L Gillion <u>ep@overstrand.gov.za</u>)
3.	BUILDING CONTROL	NO YES (Occupancy Certificate)
	jabrahams@overstrand.gov.za) Gansbaai/Stanford: 028-384 8321 – Mr (<u>rshield@overstrand.gov.za</u>) Kleinmond: Ms T Brewell (028-271 8433	strand.gov.za) OR Mr J Abrahams (028 313 8944 / R Dickson(<u>rdickson@overstrand.gov.za</u>) / Mr R Shield B / <u>tbrewell@overstrand.gov.za</u>) 28 271 8434 / <u>srossouw@overstrand.gov.za</u>)
4.	FIRE SAFETY	NO YES (Fire Safety Compliance Certificate)
		omons (076 011 5052- <u>esolomons@overstrand.gov.za</u>) OR J Brussel) OR T Samuels (<u>tsamuels@overstrand.gov.za</u>)
5.	ODM: HEALTH	NO YES (COA – Certificate of Acceptability)
	For any enquiries, contact:	
	Hermanus: 028 313 1243 – Ms B Jim (<u>bjim@</u> Kleinmond: Mr Esra Prins – 082 050 0942 (<u>e</u> Stanford/Gansbaai: 028-313 1262 – Ms F Q	•
6.	TRAFFIC DEPARTMENT	
	For any enquiries, contact:	
	Hermanus: P de Gruchy (<u>pdegruchy@overstro</u> Gansbaai & Stanford: Mr D Jansen (028 312 Kleinmond: L Hanekom (028 271 8450 / <u>lhan</u>	
6.	LAW ENFORCEMENT	
	For any enquiries, contact:	
	Hermanus: Mr G Gillion (028 313 8996 / g <mark>rar</mark> Gansbaai & Stanford: Mr J du Toit (<u>johandut</u> Kleinmond: R Samuels (028 271-8493 / <u>rsam</u>	toit@overstrand.gov.za)

	Su	pported ,	/ Not Supported
Department	Yes	No	Comments
<u> </u>	Mark	with X	
Town Planning			
Building Dept.			
Fire Dept.			
DDM: Health			
Traffic Danartus and			
Traffic Department Law Enforcement Dept. Amount paid: R		(Business	License - Formal)
Law Enforcement Deptmount paid: R			
Law Enforcement Dept. mount paid: R	A	Amount	B-Key (Cost Code)
Law Enforcement Dept.	A		B-Key (Cost Code) 2024 0627 099421