

SCHEDULE



Form L.1

BUSINESSES ACT, 1991:

APPLICATION FOR A LICENCE TO CARRY ON A BUSINESS

1. Name of licensing authority: **Overstrand Municipality Hermanus**

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

(a) a new licence

(b) a relocation of a business

(c) an alteration of information on existing licence

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

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4. Trade name of business:

5. Street address of business premises:

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6. Postal address of business:

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7. Street address of premises where goods will be stored:

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8. Licence(s) applied for:

9. Name and telephone number of contact person:

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10. If the application is for a business included in Item 2 of Schedule 1 of the Act, the full name, identification number and residential address of the person who will be in effective control of the business:

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.....
11. Was the applicant the holder of a hawker's licence which was withdrawn in the twelve months preceding this application? (Yes/No)

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

Signature of applicant: Datum:

Capacity of applicant:

In terms of section 3(2) of the Businesses Act, 1991, I hereby agree to an extension of days of the period in which the licensing authority shall make a decision on my application.

Signature of applicant: Date: