


**Application for a Licence/Duplicate Licence to carry on Business -
Ansoek om 'n Lisensie/Duplikaatlisensie om 'n Besigheid te Bedryf**

1.	Name of licensing Authority/Naam van lisensie Owerheid	
	SETSOTO LOCAL MUNICIPALITY/PLAASLIKE MUNISIPALITEIT/MASEPALA WA LEHAE	
		Head Office : FICKSBURG UNITS: FICKSBURG/ SENEKAL P.O. Box 116 CLOCOLAN/MARQUARD FICKSBURG 9730 No. 27 Voortrekker Street Tel: (051) 933 9381 Fax: (051) 933 9307/9309 DEPARTMENT OF DEVELOPMENT PLANNING & SOCIAL SECURITY LOCAL ECONOMIC DEVELOPMENT DIVISION
2.	Indicate with an X whether this application is in respect of/Dui ann met X of hierdie ansoek ten opsigte van 'n	
		FEES PAYABLE ON APPROVAL ONLY
	a	A new Licence/Nuwe Lisensie (valid for one year/geldig vir een jaar) R 350.00 N
	b	A new Licence/Nuwe Lisensie (valid for five years/geldig vir vyf jare) R 1,600.00 F
	c	A relocation of licensed business/Hervestiging van 'n lisenseerde besigheid R 200.00 R
	d	An alteration of information on existing licence/Wysiging van inligting op bestaande lisensie R 180.00 A
	e	Duplicate Licence/Duplikaat Lisensie R 150.00 D
3.	Full name of applicant(name of individual, company, partnership, etc	
	Volle naam van aansoeker(naam van individu, maatskapy, vennootskap, ens)	
4.	Trade name of Business/Handelsnaam van besigheid	
5.	Street address of Business/Straatadres van busigheid	
6.	Postal address of business/Posadres van besigheid	
7.	Street address of premises where goods will be stored/Straatadres van perseel waar goedere gebere gaan word	
8.	Licence applied for/Lisensie waarom ansoek gedoen word	
9.	Name of Contact Person & Contact number/Naam van Kontak persoon & Nommer	
		CONTACT NO.
10.	Particulars of Applicant	
	If South African, Enter Identity Number	
	If Non South African, Enter Passport Number	
	ATTACH CERTIFIED COPY OF ID/PASSPORT	
11.	COMPANY REGISTRATION NUMBER	ATTACH VALID TAX CLEARANCE CERTIFICATE
	INCOME TAX NUMBER	
	VAT REGISTRATION NUMBER	
	APPLICANT/AANSOEKER	FOR OFFICE USE ONLY
	Signature/Handteekening:	SERIAL NO
	Date/Datum y y y y m m d d	FILE NO
		DATE y y y y m m d d
12.	a	ATTACH CERTIFIED COPIES OF ID/PASSPORT/CK1
	b	SETSOTO MUNICIPAL ACCOUNT FOR THE PREMISES
	c	BUILDING PLAN FOR NEW BUILDING/ZONING CERTIFICATE FOR CONVERSIONS
	d	IF NOT SA CITIZEN, ATTACH WORK PERMIT ISSUED BY SA HOME AFFAIRS
	e	IF LICENSING IS DONE BY OTHER SA LICENSING AUTHORITY, PLEASE ATTACH COPY OF SUCH LICENCE
	f	SUBMIT APPLICATION AT YOUR NEAREST SETSOTO MUNICIPAL OFFICE
		APPROVAL BY DIRECTOR: DPSS
		Signature: