



Oranjemund Town Council

C/o 8th and 12th Avenue, Box 178, Oranjemund | Tel: +264 63 233 500 Fax: +264 63 233501

PUBLIC HEALTH & ENVIRONMENTAL HEALTH SERVICES

FITNESS & REGISTRATION APPLICATION FORM (General Health Regulations G.N. 121 of 1969, as amended)

New application	<input type="text" value="Mark x"/>	Renewal	<input type="text" value="Enter registration no"/>	Transfer	<input type="text" value="Enter registration no"/>
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Name of business

Name of owner (Cell).....(Email).....

Name of manager..... (Cell)..... (Email).....

Postal address.....Home address of owner

Type of business to be conducted

Company: Tell No (w)..... (Fax)..... (Email).....

Physical address of business..... Erf No

Maximum number of people to be/ employed

Total all together	FEMALE ONLY	MALE ONLY
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APPLICABLE DOCUMENT *(attached certified copy)*

1. All new registrations are required to submit a building plan for intended business.
2. Medical examination for Personnel who handle food. Use the available form
3. Owner & Manager Certified copy of Namibian ID/Valid passports
4. Comply with tobacco control act, Displayed sign
5. Certified copy of rental agreement or proof properties ownership.
6. Home based general dealer must supply proof of consent of their immediate neighbors.
7. Bars and Noxious business should attach proof of public advertisement.
8. Business trade and industrial registration (copy)
9. Proof of payment (inspection fees, registration fees)
10. Certificates of good standing (social security & finance)

Town council account No:	<input type="text"/>	No. of toilets:	<input type="text"/>
Refuse removal frequency	<input type="text"/>	No. of refuse bins:	<input type="text"/>



Nature of Business	Trading in (specify)	Mark	Nature of Business	Trading in (specify)	Mark
Apothecary			Kindergarten/pre school		
Bakery			Car-wash		
Banking			Laundry		
Bar/club			Motor garage		
Barber & hair dresser			Medical practice		
Bed & breakfast			Office		
Butchery			Pharmacy		
Restaurant			Nursery		
Dry cleaner			Churches		
Factory			Shebeen		
General dealer			Spray painting		
Hawker			Tea/coffee shop		
Chain business			upholstery		
Home occupation			Warehouse		
Tuck-shop			Others		
Workshop					
Other specify					

.....
Applicants signature

.....
Date

FOR OFFICIAL USE ONLY

ENVIRONMENTAL HEALTH PRACTITIONER

Town planning (Zoning Verification).....

Technical (Verification Buildings)

Finance (Registration/fitness fees Verification) N\$.....

Casher stamp

Approved

Not approved

Registration No:

Signature Date.....Stamp.....