



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 WASTE CONTRACTOR PERMIT APPLICATION FORM

New application Mark x **Renewal** Enter registration no **Transfer** Enter registration no

Fitness registration No **Vehicle Reg No** Enter registration no

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

APPLICABLE DOCUMENT *(attached certified copy)*

1. All new registrations are required to submit a building plan for intended business.
2. Vehicle inspection – meet waste collection standards
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:
Refuse removal frequency:

No. of toilets:
No. of refuse bins:

.....
Applicant's 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 approve

.....
.....

Registration No

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