

LOCAL GOVERNMENT ACT CAP 281

APPLICATION FOR PROFESSIONAL/BUSINESS PERMIT

1. NAME OF APPLICANT

2. POSTAL ADDRESS

3. BUSINESS/PROFESSIONAL NAME (IF ANY)

4. PREMISES AT WHICH BUSINESS OR SERVICES CONDUCTED OR PROVIDED:

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STAND NO. NAME OF STREET:

5. DESCRIPTION OF BUSINESS OR SERVICES TO BE CONDUCTED OR PROVIDED BY THE APPLICANT:

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6. STAND NUMBER OF THE PREVIOUS/CURRENT PERMIT (IF ANY)

7. IF THE APPLICANT IS AN INDIVIDUAL STATE:

A) HOME ADDRESS:

B) CITIZENSHIP DETAILS:

C) NATIONAL REGISTRATION CARD NUMBER

8. IF THE APPLICANT IS A BODY (INCLUDING A CO-OPERATIVE SOCIETY), GIVE DETAILS OF ALL DIRECTORS, PARTNERS, SHAREHOLDERS CITIZENSHIP DETAILS OF OWNERS, PROPRIATORS, PARTNERS, SHAREHOLDERS, ETC:

<u>NAME</u>	<u>CITIZENSHIP</u>	<u>NRC No.</u>
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STATUTORY DECLARATION

I, do solemnly and sincerely
virtue of the provisions of the statutory Declaration Act 1835.

Signature:

NOTE: This application shall be accompanied by the appropriate Professional/Business Fees of
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