



MUNICIPALITY OF SWAKOPMUND

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 NAMIBIA
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APPLICATION FOR BUSINESS REGISTRATION

New Application (Consult Town Planner)		Name Change	
Renewal (On or before 31 March)		Change of Ownership (Consult Town Planner)	
Removal (Move to new Premises) (Consult Town Planner)		Business Closure	
Transfer (New Owner)		Postal Address Change	

NAME OF BUSINESS : _____
 NAME OF OWNER : _____
 NAME OF MANAGER : _____
 BUSINESS ADDRESS : PO BOX: _____ TELEPHONE: _____
 TOWN : _____ MOBILE: _____
 E.MAIL ADDRESS : _____
 ADDRESS OF BUSINESS : NO _____ STREET _____
 ERF NO : _____

A. TYPE OF REGISTRATION REQUIRED:

Restaurant & Take Away	Manufacturing / Production	Educational Institution	Entertainment
General Dealer	Child Care	Accommodation	Financial Institution
Administrative Office	Hospitality	Health & Beauty	Home Occupation
Medical Practice	Service Industry	Warehouse	Workshop
Home Shop	Other		
Detailed Scope of Business i.e Construction, Shebeen, Hair salon			

B. CERTIFICATE OF OWNER/AGENT IN RESPECT OF PREMISES (FOR ALL NEW BUSINESSES AS WELL AS BUSINESS MOVING TO NEW PREMISES)

I hereby declare that I have granted permission to the above applicant to conduct the business for which they have applied on the said Erf.

NAME (owner of property) (Please print)

SIGNATURE (owner of property)

SIGNATURE OF APPLICANT

____/____/____
DATE

- C. All applicants for a new registration / change of premises must submit a building plan (ground layout) of intended business. In the case of a new building, a completion certificate.
- D. The client must submit: an authentic Namibian identification document; valid proof of permanent residence and a valid working permit and proof of registration with the Ministry of Trade and Industry (New Business)
- E. The client must attach medical certificates for food handlers (only applicable to food preparation premises).
- F. An inspection fee of **N\$1 075.25 Food Premises**, **N\$569.25 Non-Food Premises** and **N\$316.25 Home Industries** (VAT included) must accompany this application.
- G. Consent from the previous owner of the business in case of a transfer from one owner to another

PLEASE INDICATE REFUSE REMOVAL PER WEEK:

Basic Fee: Once ☐ Twice ☐ Thrice ☐ More Than Thrice ☐

PLEASE INDICATE BULK (4 containers & more) REFUSE PER MONTH:

Once ☐ Twice ☐ Thrice ☐ More Than Thrice ☐



NEW REGISTRATIONS / ADDRESS CHANGE



PLEASE CONTACT THE **PLANNER: TOWN & SPECIAL PROJECTS**, TO APPROVE THE ZONING OF YOUR ERF **BEFORE** SUBMITTING THIS APPLICATION TO THE HEALTH SERVICES DEPARTMENT FOR PROCESSING.

Tel: 064 4104517

O F F I C E U S E O N L Y

TOWN PLANNING SCHEME REGULATIONS – REPORT

Zoning of Erf: _____

Erf Number _____ Notice Number: _____

Approved: _____ Not Approved: _____

SIGNATURE

I N S P E C T I O N R E P O R T

1. RECEIPT NUMBER _____
REGISTRATION AMOUNT PAID _____
2. FIRE FIGHTING EQUIPMENT _____
3. REFUSE REMOVAL LEVY _____
4. REMARKS _____

_____/_____/_____
DATE

HEALTH OFFICER

_____/_____/_____
DATE

GM HEALTH SERVICES