



OKAHAO TOWN COUNCIL

P.O. BOX 699
OKAHAO
OMUSATI REGION

OFFICE OF THE CHIEF EXECUTIVE OFFICER

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Department of Planning, Technical Services and Environment

FITNESS CERTIFICATE APPLICATION FORM

Mark the appropriate box									
<input type="checkbox"/>	New Application	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Change	<input type="checkbox"/>	Late Renewal	<input type="checkbox"/>	How many months

1. PERSONAL DETAILS OF APPLICANT

Debtor's Acc

1.1. Owner (s)/Manager of premises/ Full names and Surname of Applicant

1.2. ID Number _____

1.3. Business address where premises is located/ Physical address or Street Name of the business

1.4. Type of the Trading or Business e.g. Bar, Shebeen, Bottle stores, Retail, Wholesale, Hawking, Restaurant etc

1.5. Name of the Business

1.6. Plot number where the premises is located

1.7. Passport Number/License Number _____

1.8. Postal address _____

1.9. Telephone, Fax, Cell phone number

1.11. Type of products offered by the Business

NOTICE:

Okahao Town Council herewith reserves the right to revoke any fitness certificate issued in terms of this application, in event of:

- It being found that any information supplied above are incorrect, false or defective in any way;
- Any change in the business as set out in the application for which a certificate was issued;
- Any change in the business premises for which a certificate was issued was issued in terms of this application.
- Any change in ownership or management without written notification to Okahao Town Council;

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

TYPE OF BUSINESS

	Tick	Amount
Chain Store/Franchise		N\$ 2100.00
General Dealers		N\$ 4400.00
Building Materials		N\$ 1890.00
Large business		N\$ 577.50
Commercial Flats		N\$ 577.50
SME		N\$ 283.50
Gas Cage		N\$ 324.00
Bars and Shebeen		N\$ 262.50
Shebeen selling traditional beverage		N\$ 52.50
B&B and Hotels		N\$ 525.00
Industrial		N\$ 525.00
Agricultural		N\$ 367.50
Hawkers and Open Market Vendors		N\$ 84.00
Penalty – 17% per Month		
Inspection		N\$ 63.00
Total		

	Yes	No
Prescribed fees paid		
Conditional fitness certificates		
Unconditional fitness Certificates		
Did the Applicant's municipal bill settled		

Date of Inspection	
Name of a person undertaken the inspection	

Approved/Not Approved

Reasons

SIGNATURE OF THE HEALTH OFFICER