

**THE BLACK RIVER DISTRICT COUNCIL
HEALTH DEPARTMENT
(Tel: 4521113 Fax: 4520303)
APPLICATION FORM FOR TRADE FEE**

Business Registration No. Serial No.:.....

Mr / Mrs / Miss Company File No.:.....

Name of Trader/ company:.....

Name of Representative:.....

National Identity Card No.: Office No.:

Mobile Phone No.: Fax No.:

Email Address:

Contact Address:.....

Classified Trade(s)	Cat.	Code	Cluster	Activities
.....			
.....			

Trade Address:

No. of Employees: Vehicle No. (If Applicable):

Appropriate Building & Land Use Permit available: (Yes / No / Not Applicable)

If Yes, Reference No.:

Permit to run Electric Motors (If Applicable):.....

Declaration of Applicant

- I am the **owner / tenant** of the premises concerned (if tenant, please reply No.2)
- The owner is of contact address Tel No

3. I am submitting the following documents:-

- | | | | |
|---|--------------------------|--|--------------------------|
| Copy of my National Identity Card | <input type="checkbox"/> | Copy of my Business Registration Card | <input type="checkbox"/> |
| Copy of National Identity Card of Owner of premises | <input type="checkbox"/> | Copy of Building and Land Use Permit | <input type="checkbox"/> |
| Copy of Title deed of the Property concerned | <input type="checkbox"/> | Occupation Certificate (if new building) | <input type="checkbox"/> |
| Letter of authorisation from owner of premises | <input type="checkbox"/> | Copy of Certificate of Company | <input type="checkbox"/> |
| Site and Location Plan of trade premises | <input type="checkbox"/> | Copy of Certificate from..... | |

4. Information on previous use and / or occupier of premises:.....(If Applicable)

5. I agree to pay a **monthly fee of Rs** representing **SCAVENGING FEE**, for refuse collection service to be provided to me at my above trade premises.

Signature of Applicant Date

FOR OFFICIAL USE

1. Existing Trade Fee paid / being carried out at premises concerned:-

.....

2. Cessation of Business by previous occupier carried out on

for

3. Prepared by:-

Name of Officer: Signature: Date:

Recommended by:-

Name of Officer: Designation:

Signature: Date:

4. Planning Clearance (if required)

Referred to Planning Department on: Returned to Health Department on:

Premises is an exempt development

New BLP is not needed

New BLP / New planning conditions is needed

Others:

Remarks of Planning Department:

.....

Name of Officer:

Signature of Officer: Date:.....

5. Cashier

Submitted to on:

Name of Officer:

Signature of Officer: Date:.....