

**DISTRICT COUNCIL OF BLACK RIVER, Geoffroy Road, Bambous, Mauritius *-* 🕿 4013100 Fax: 452-0303**

***E-mail: brdc@mail.la.govmu.org Website: http: //www.brdc.mu***

**APPLICATION FORM FOR OCCASIONAL ACTIVITIES**

**(Section 122 of The Local Government Act 2011)**

**Ref No:……………………………**

**Name of Applicant: Mr/Mrs/Miss/Co/Soc:…………………………………………………………………………...**

**ID No. of Applicant / In case of Company, name of representative & ID No:…………………………………...**

**………………………………………………………………………………………………………………………………**

**Address of Applicant/Company/Soc:………………………………………………………………………………….**

**Company Registration No:…………………………………..**

**Phone:…………………………Fax No:………………………….E-mail Address:……………………………………**

**Occasional activities for:**

**1……………………………………………………………………………………………………………………………..**

**2……………………………………………………………………………………………………………………………..**

**3……………………………………………………………………………………………………………………………..**

**Address and site where the proposed activity is to be held:………………………………………………………..**

**………………………………………………………………………………………………………………………………**

**Date and Time of ac tivity :…………………………………………………………………………………………….**

**Date:……………………………………….. Signature of Applicant:…………………………...**

**Documents to be attached with this application form**

|  |  |  |
| --- | --- | --- |
|  | **Written consent from the owner of the premises/Landlord** |  |
|  | **Clearance from the Police Department** |  |
|  | **Clearance from the Ministry of Health** |  |
|  | **Clearance from the Ministry of Commerce** |  |
|  | **Clearance from the Mauritius Rights Management Society** |  |
|  | **Clearance from the Road Development Authority** |  |
|  | **The Ministry of Agro-Industry and Food Security** |  |
|  | **Clearance from Customs & Excise Department/MRA** |  |
|  | **Fire Clearance/Certificate** |  |
|  | **National Identity Card/Certificate of Incorporation** |  |
|  | **Statement on the number of stalls to be used** |  |
|  | **Clearance from Le Morne Heritage Fund** |  |
|  | **Clearance from the Environmental Health Engineering unit** |  |

***For office use only:***

**Recommendation for Chief Health Inspector to the PBMC : Recommended /NOT Recommended**

**Date: …………………………………………………. Signature: ……………………………………………………..**

**Approved / NOT Approved/ Reserved at PBMC held on: …………………………………………………………**

**Date paid: …………………………… Amount paid: …………………………… Receipt No: …………………….**

**/Vm~OccasionalActivity~Health2013**