

MUNICIPAL COUNCIL OF MANZINI		
QUALITY MANAGEMENT SYSTEM	Doc Ref No.	MCM-EHSW-FRM-019
	Revision Status	Issue 01
CASH SPECIFICATION FORM	Revision Date	15.11.2019
	Approved By	Chief Health Inspector



REFERENCE: MZ/413(date)

RE: APPLICATION FOR MARKET SPACE AT THE MUNICIPAL MARKET

NAME: (BLOCK LETTERS).....

POSTAL ADDRESS:

CONTACT NO: TELL: CELL:

RESIDENTIAL ADDRESS:

BUSINESS APPLIED FOR:

ARE YOU A HOLDER OF ANY OTHER TRADING LICENCE: YES/NO.....

IF YES, DISCLOSE NATURE (SOLE TRADER OR COMPANY):

HAVE YOU EVER BEEN IN THE MARKET BEFORE?

TYPE OF BUSINESS YOU HAVE HAD BEFORE AT THE MARKET:.....

WHAT WAS YOUR PREVIOUS EXPERIENCE:.....

WHEN DO YOU WANT TO COMMENCE:.....

ARE YOU PREPARED TO COMPLY WITH THE MARKET RULES AND REGULATIONS?:.....

APPLICANT'S SIGNATURE:

MARKET MASTER'S COMMENTS:.....

.....

MARKET MASTER'S SIGNATURE: DATE: