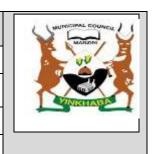
MUNICIPAL COUNCIL OF MANZINI		
QUALITY MANAGEMENT	Doc Ref No.	EHS-FRM-005
SYSTEM	Revision Status	Issue 01
TRADING LICENCE FORM	Revision Date	11.04.2019
	Approved By	Director Community Services



## MZ/115/1

## RE: APPLICATION FOR A TRADING LICENCE HEALTH CLEARANCE CERTIFICATE

NAMI	E OF APPLICANT:	
POST	AL ADDRESS:	
PHYS	ICAL ADDRESS;	
>	TOWNSHIP:	. PLOT NO:
>	STREET:	BUILDING:
>	OFFICE/SHOP NO:	
TELE	PHONE NUMBER:	
TYPE	OF LICENSE(S) APPLIED FOR:	
GRAN	NT/TRANSFER/REMOVAL:	
TRAD	DING STYLE:	
RECE	IPT NO:	AMOUNT:
APPL	ICANT'S SIGNATURE:	DATE:

MUNICIPAL COUNCIL OF MANZINI		
QUALITY MANAGEMENT	Doc Ref No.	EHS-FRM-005
SYSTEM	Revision Status	Issue 01
TRADING LICENCE FORM	Revision Date	11.04.2019
	Approved By	Director Community Services



TRADING STYLE:	
Received by:	Date In
DEPARTMENTAL ANA	LYSIS OF PREMISES
1. BUILDING INSPECTORATE SECTIO	DN:
ZONING:	
STRUCTURE (PLEASE TICK)  • TEMPORARY  • PERMANENT  • APPROVED  • NOT APPROVED  COMMENTS BY BUILDING INSPECTOR	•
SIGNATUREBUILDING INSPECTOR	
2. PLANNING & COMMUNITY DEVEL	OPMENT SECTION
Received by:	Date In
RECOMMENDATIONS:	
SIGNATURE:	
CITY PLANNER	

MUNICIPAL COUNCIL OF MANZINI			
QUALITY MANAGEMENT	Doc Ref No.	EHS-FRM-005	
SYSTEM	Revision Status	Issue 01	
TRADING LICENCE FORM	Revision Date	11.04.2019	
	Approved By	Director Community Services	



TR	PADING STYLE:
Re	eceived by: Date In
<b>3.</b> ]	HEALTH, ENVIRONMENT AND SOCIAL WELFARE DEPARTMENT
T	O THE HEALTH INSPECTOR
Γ	Γ IS RECOMMENDED THATNAME OF COMPANY/ INDIVIDUAL
<b>.</b>	BE GIVEN THE HEALTH CLEARANCE CERTIFICATE UNDER THE FOLLOWING CONDITIONS:
<b>*</b>	SHOULD NOT BE GIVEN THE HEALTH CLEARANCE CERTIFICATE.
	REASONS FOR DENIAL
	•••••••••••••••••••••••••••••••••••••••
SI	GNATURE: DATE: HEALTH INSPECTOR