

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



**MZ/115/1**

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

NAME OF APPLICANT: .....

POSTAL ADDRESS: .....

PHYSICAL ADDRESS;

- TOWNSHIP: ..... PLOT NO: .....
- STREET: ..... BUILDING: .....
- OFFICE/SHOP NO: .....

TELEPHONE NUMBER: .....

TYPE OF LICENSE(S) APPLIED FOR: .....

GRANT/TRANSFER/REMOVAL: .....

TRADING STYLE: .....

RECEIPT NO: ..... AMOUNT: .....

APPLICANT'S SIGNATURE: ..... DATE: .....

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TRADING STYLE: .....

Received by:..... Date In.....

**DEPARTMENTAL ANALYSIS OF PREMISES**

**1. BUILDING INSPECTORATE SECTION:**

ZONING: .....

STRUCTURE (PLEASE TICK)

- TEMPORARY
- PERMANENT
- APPROVED
- NOT APPROVED

COMMENTS BY BUILDING INSPECTOR:

.....  
 .....

SIGNATURE.....DATE OUT :.....  
 BUILDING INSPECTOR

**2. PLANNING & COMMUNITY DEVELOPMENT SECTION**

Received by:..... Date In.....

RECOMMENDATIONS: .....

.....  
 SIGNATURE: ..... DATE OUT .....

CITY PLANNER

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**3. HEALTH, ENVIRONMENT AND SOCIAL WELFARE DEPARTMENT**

TO THE HEALTH INSPECTOR

IT IS RECOMMENDED THAT .....  
NAME OF COMPANY/ INDIVIDUAL

❖ BE GIVEN THE HEALTH CLEARANCE CERTIFICATE UNDER THE FOLLOWING CONDITIONS:

.....  
.....

❖ SHOULD NOT BE GIVEN THE HEALTH CLEARANCE CERTIFICATE.

REASONS FOR DENIAL.....  
.....

SIGNATURE: ..... DATE: .....  
HEALTH INSPECTOR