



KARIBIB TOWN COUNCIL

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Our Ref: 01/21
 Date: 5 July 2024

FEE: N\$

APPLICATION FORM OF CERTIFICATE OF FITNESS AND REGISTRATION

PLEASE NOTE THAT THE APPLICATION FEE IS NON-REFUNDABLE

MARK THE APPROPRIATE BOX

NEW APPLICATION	RENEWAL	CHANGE <i>(ownership/premises)</i>
Building plan	MoF - Valid Good Standing certificate	Notification letter
Certified ID copies (owner/manager)	Food handlers Medical certificates	Certified ID copies (owner/manager)
Lease Agreement (in case of rental space)	Certified Liquor and Gambling license	Cert. Original Registration & Fitness certificates
MITSMED/Business Registration	Certified ID copy	
Food handlers Medical certificates		
MoF - Valid Good Standing certificate		
Neighbours consent		

1. BUSINESS DETAILS

Business name	
Name of Owner	
Identity Number	
Name of Manager	
Erf No & Business Street Address	
Zoning	
Type of Business	
Products Offered for Sale	

2. NUMBER OF PEOPLE EMPLOYED

Male Female

3. CONTACT DETAILS

Postal Address	
Tel/Cell phone number	
Email Address	
Fax Number	
Properties Owners Name	
Applicant's Signature	



4. TO BE COMPLETED BY THE MANUFACTURERS ONLY	
Goods manufactured	
Materials used	

FOR OFFICIAL USE ONLY

Business Registration Number

1. REVENUE CONTROL DIVISION

Water Account number		Date
Outstanding amount N\$:		Signature Cashier:
Approved with the following condition :		
Not Approved	Reason for not approval:	
Signature	stamp	

2. TOWN PLANNING DIVISION

Approved with the following condition :		
Not Approved	Reason for not approval:	
Signature	stamp	

3. SAFETY, HEALTH AND ENVIRONMENTAL DIVISION

Approved on the following conditions:		
Not Approved	Reason for not approval:	
Signature	stamp	

4. FIRE DIVISION

Approved on the following Condition:		
Not Approved	Reason for not approval:	
Signature	stamp	

5. CHIEF EXECUTIVE OFFICER

Approved on the following conditions:		
Not Approved	Reason for not approval:	
Signature	stamp	