OVERBERG

DISTRIKSMUNISIPALITEIT
DISTRICT MUNICIPALITY
UMASIPALA WESITHILI

Enquiries: Mashudu Lucy Mukoma
Tel: 028 425 1157
Email: info@odm.org.za

Private Bag X 22
26 Long Street, Bredasdorp
Bredasdorp, 7280

Renewal:	**Y**	**N**

Premises Number: _____

GENERAL APPLICATION IN TERMS OF THE MUNICIPAL HEALTH SERVICES BY LAW (VALID FOR ONE YEAR)

APPLICATION FEES for 2026/2027 FINANCIAL YEAR			
Creches/Schools <100m²	**Creches/Old age homes/children homes/nursing homes/NGO's (Social grants/Subsidy)**	**Beauty salons /Offensive trades <30m²**	**All other premises** ***(creches, schools, children's homes, nursing homes, old age homes, medical waste generators, health establishments, accommodation establishments, beauty salons/hairdressers/barber & offensive traders.***
R590	**R590**	**R590**	**R1 190**

1. TYPE OF APPLICATION (Mark applicable box)

Beauty Salon ☐

Accommodation establishment ☐

Childcare centre / childhood development centre ☐

Health care risk waste generator ☐

Nursing Home ☐

Old age home ☐

Offensive trade ☐

Health establishment ☐

Children's Homes ☐

School premises ☐

Aftercare facility ☐

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1.	**NAME OF PREMISES**			
2.	**NAME OF APPLICANT / PERSON IN CHARGE**			
3.	**CERTIFIED ID OF APPLICANT / PERSON IN CHARGE (Copy of ID, NOT OLDER THAN 6 MONTHS.**			
4.	**CONTACT DETAILS (Tel):**			
5.	**EMAIL ADDRESS**			
6	**PHYSICAL ADDRESS OF PREMISES:**			
			CODE	

7.	**NATURE OF BUSINESS:**	

9. TYPE OF BUSINESS:

Creches/Schools <100m²		**Creches/Old age homes/children homes/nursing homes**	
Public	**Private**	**Public**	**Private**

10. FACILITY AGE CATERGORIES OR GROUPS

10.1 IN CASE OF CHILDCARE CENTRE

Child Care Age	**Total**	**Aftercare**	**Total**
0 – 24 months		0 - 24 months	
2 – 6 years		2 – 6 Years	

10.2 IN CASE OF SCHOOLS

Primary School Age	**Total**	**High School**	**Total**
6 Years & Older		14 Years & Older	
Primary School Aftercare		High School Aftercare	
6 Years & Older		14 Years & Older	

11. IN CASE OF A NURSING HOME

Number of beds that can be accommodated	
Number of patients that can be accommodated	

12. DETAIL OF OPERATION AND SERVICES PROVIDED:

_____

_____

_____

13. TOTAL FLOOR SIZE OF THE PREMISES (m²): _____

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14. SPECIAL CONDITIONS:

14.1 A Health Certificate issued will be **valid for a period of one year** from the date of issue.
14.2 An owner or person who carries on a business as indicated, must apply for **the annual renewal of the Health Certificate,** two months prior to the expiry of the existing Health Certificate. Failing to do so will implicate that such a business is not operational anymore.
14.3 The certificate, does not indemnify a person from compliance with any other legal requirements, authorisations and/or approvals applicable to the premises and/or business by any other department, municipality or authority. It is therefore unequivocally recorded that the approval and requirements set are not intended for any approval other than the purpose of applying for a Health Certificate to be granted in terms of the By-Law.
14.4 The Overberg District Municipality does not accept any responsibility for costs incurred by a person in order to obtain Health Certificate, if a person's application to the local Municipality or other relevant departments for any other authorisations and/or approvals applicable to the premises is unsuccessful.
14.5 The Health Certificates must be displayed in a conspicuous manner on the premises, to be clearly visible to everyone entering the premises.
14.6 A Health Certificate shall not be transferable from one owner to another, or from one premises to another.
12.7 A Health Certificate may be withdrawn by an Environmental Health Practitioner where conditions do not comply with the By-law.
14.8 Should an owner or person in charge of a premises fail to comply with the provisions or any conditions or requirements imposed in terms of the By-Law, the municipality may act in terms of Section 19 of the By-Law.
14.9 Applications must be accompanied by an approved building plan for new applications for Childcare facilities, Nursing home, old age homes and Children's home.
14.10 An application fee is applicable – 2026/2027 financial year.

15. DECLARATION

Did you submit all supporting documentation

Supporting Documents verification (Yes/No)	**Yes**	**No**	**Comments**
Completed Application form			
Certified copy *(not older than 6 months)* of South African identification document, (if South African citizen.)			
Copy of proof of residence (not older than 3 months)			
Copy of proof of Payment			
Certified copy of valid Passport for foreign national.			
Certified copy of Business Visa for foreign national.			
Attach a layout plan of the premises, drawn on scale 1:50, which indicates the various areas in the premises.			
Copy of Close Corporation Registration Certificate (if applicable)			
Copy of Medical Waste Removal agreement and Removal Certificate			

NB: APPLICATION FORM MUST BE COMPLETE IN FULL & ALL SUPPORTING DOCUMENTS ATTACHED!!!

I declare that the above-mentioned information is correct.

I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)(c)].

The evaluation and issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health practitioner.

Should conditions change as set in Regulation 3(5) to 3(10), I am bound to re-apply for the premises to be re - evaluated for acceptability under these regulations.

Date of declaration:	
Signature of person in charge:	
Signature of owner (if not person in charge):	

BANKING DETAILS

BANK:	**NEDBANK LIMITED**
ACCOUNT NUMBER:	**1176524496**
ACCOUNT NAME:	**OVERBERG DISTRIC MUNICIPALITY**
ACCOUNT TYPE:	**CURRENT/CHEQUE**
BRANCH NAME:	**BREDASDORP**
BRANCHCODE:	**198765**
PAYMENT REFERENCE:	**NAME OF PREMISES & TOWN**

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FOR OFFICE USE ONLY

1. Supporting Documents verification (Yes/No)	**Yes**	**No**	**Comment**
Received by (Principal Clerk) Name & Signature:			
Date received (Principal Clerk):			
Copy of proof of Payment			
Copy of proof of residence *(not older than 3 months)*			
Certified ID copy or home affairs verified valid Passport and Visa for foreign national. (not older than 6 months)			
Certified copy of Business Visa for foreign national.			
Attach a layout plan of the premises, drawn on scale 1:50, which indicates the various areas in the premises.			
Copy of Close Corporation Registration Certificate (if applicable)			
General Comments:			

2. Application Recommended by (Yes/No)	Yes		No		
Name of EHP & Signature:					
Date of receiving application by EHP:					
Inspection checklist reference (EHP):					
Outstanding info (EHP):					
Approval Date:					
Amount paid by client and square meter description:					

TOTAL NUMBER OF CHILDREN THAT A SCHOOL, AFTRECARE OR ECD CAN ACCOMMODATE ACCORDING TO SQUARE METERS

Child Care Age	**Total**	**Aftercare**	**Total**
0 – 24 months		0 -24 months	
2 – 6 years		2 – 6 Years	
Primary School Age		**High School**	
6 Years & Older		14 Years & Older	
Primary School Aftercare		High School Aftercare	
6 Years & Older		14 Years & Older	

General Comments:	
3. Application verified & approved by (Area Manager):	

Application approved by verifier (Yes/No):	Yes		No		
Reason for rejection by Verifier:					
Date of verification:					
Signature of person verifying:					
Rejection reason corrected:					
Date of re-verification:					
Signature of person verifying:					
General Comments:					