

Overberg District Municipality Head Office  
26 Long Street  
Private Bag X22  
BREDASDORP  
7280



Telephone: +27 (28) 425 1157  
Emergencies: +27 (28) 425 1014  
Email: info@odm.org.za  
Website: www.odm.org.za  
Facebook: /OverbergDM

**Certificate Number:** .....

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

APPLICATION FEES for 2024/2025 FINANCIAL YEAR			
Creches / Schools <100m <sup>2</sup>	Creches / Old age homes / children homes / nursing homes (Subsidy)	Beauty salons / Offensive trades <30m <sup>2</sup>	All other premises
R556.00	R556.00	R556.00	R1124.00

**1. TYPE OF APPLICATION: (Mark applicable box)**

- |  |                          |
|--|--------------------------|
| Beauty Salon                                     | <input type="checkbox"/> |
| Accommodation establishment                      | <input type="checkbox"/> |
| Child Care centre / childhood development centre | <input type="checkbox"/> |
| Health care risk waste generator                 | <input type="checkbox"/> |
| Nursing Home                                     | <input type="checkbox"/> |
| Old age home                                     | <input type="checkbox"/> |
| Offensive trade                                  | <input type="checkbox"/> |
| Health establishment                             | <input type="checkbox"/> |
| Children's Homes                                 | <input type="checkbox"/> |
| School premises                                  | <input type="checkbox"/> |

**2. NAME OF APPLICANT / PERSON IN CHARGE:** .....

**3. ID OF APPLICANT / PERSON IN CHARGE (Copy of ID):** .....

**4. CONTACT DETAILS (Tel):** .....

**5. EMAIL ADDRESS:** .....

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**6. NAME OF PREMISES:** .....

**7. PHYSICAL ADDRESS OF PREMISES:**

.....  
.....  
.....

**8. TYPE OF BUSINESS:**

.....

**9. IN CASE OF CHILD CARE CENTRE:**

Number of children 1 – 24 months: .....

2 – 7 years: .....

Older than 7 years: .....

**10. IN CASE OF A NURSING HOME:**

Number of beds that can be accommodated: .....

Number of patients that can be accommodated: .....

**11. DETAILS OF OPERATION AND SERVICES PROVIDED:**

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.....  
.....  
.....

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12. FLOOR SIZE (m<sup>2</sup>): .....

### 13. SPECIAL CONDITIONS:

- 13.1 A Health Certificate issued will be **valid for a period of one year** from the date of issue.
- 13.2 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.
- 13.3 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.
- 13.4 The Overberg District Municipality does not accept any responsibility for costs incurred by a person in order to obtain aforementioned 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.
- 13.5 The Health Certificates must be displayed in a conspicuous manner on the premises, to be clearly visible to everyone entering the premises.
- 13.6 A Health Certificate shall not be transferable from one owner to another, or from one premises to another.
- 13.7 A Health Certificate may be withdrawn by an Environmental Health Practitioner where conditions do not comply with the By-law.
- 13.8 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.
- 13.9 Applications must be accompanied by an approved building plan for new applications for Childcare facilities, Nursing home, Old age homes and Children's home.
- 13.10 An application fee is applicable – 2024/2025 financial year.

APPLICANT SIGNATURE: ..... DATE: .....

### 14. BANKING DETAILS

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

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### FOR OFFICE USE ONLY

1. APPLICATION RECEIVED BY: (Principal Clerk)			
Name & Surname:		Signature:	
Date Received:			

SUPPORTING DOCUMENTS VERIFICATION CHECKLIST	Yes	No	Comments
Certified copy of South African identification document (if South African citizen)			
Certified copy of valid Passport for Foreign Nationals (if applicable)			
Certified copy of Business Visa for Foreign Nationals (if applicable)			
Copy of Proof of Residence			
Copy of Proof of Payment			
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: (Environmental Health Practitioner)			
Name & Surname:		Signature:	
Date Received:			

Inspection checklist reference (EHP):	
Outstanding info (EHP):	
Approval Date:	
Amount paid by client and description:	
General Comments:	

3. APPROVAL OF APPLICATION: (Area Manager)	
Application Verified by:	

Application Approved:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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IF YES:	Approval Date:		Approver Signature:	
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IF NO:	Rejection Date:		Approver Signature:	
Reason for Rejection:				

RE-VERIFICATION	Has corrective measures been applied:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Date of Re-Verification:		Approver Signature:		