

# OVERBERG

DISTRIKSMUNISIPALITEIT  
DISTRICT MUNICIPALITY  
UMASIPALA WESITHILI



*MELD ASB/PLEASE QUOTE*

*Ons Verw./Our Ref.:18/3/9/6/1/2*

*Navrae/Enquiries: Lutfiyya Basson*

*Bylyn/Ext.: 063 126 7257*

Privaatsak: X22

Private Bag:

BREDASDORP

7280

Tel.: (028) 4251157

Faks/Fax: (028) 4251014

Sub - District office: Caledon

TEL: 028 212 1120

Certificate Number: .....

EMAIL: lbasson@odm.org.za

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

APPLICATION FEES for 2023/2024 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
R500.00	R500.00	R500.00	R1000.00

### 1. TYPE OF APPLICATION (Mark applicable box)

- Beauty Salon
- Accommodation establishment
- Child Care centre / childhood development centre
- Health care risk waste generator
- Nursing Home
- Old age home
- Offensive trade
- Health establishment
- Children's Homes
- School premises

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

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

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

Alle korrespondensie moet aan die Munisipale Bestuurder gerig word  
All correspondence must be addressed to the Municipal Manager

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

**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. DETAIL OF OPERATION AND SERVICES PROVIDED:**

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

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

.....

**12. SPECIAL CONDITIONS:**

- 12.1 A Health Certificate issued will be **valid for a period of one year** from the date of issue.
- 12.2 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.
- 12.3 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.
- 12.4 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.
- 12.5 The Health Certificates must be displayed in a conspicuous manner on the premises, to be clearly visible to everyone entering the premises.
- 12.6 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 does not comply with the By-law.
- 12.8 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.
- 12.9 Applications must be accompanied by an approved building plan for new applications for Childcare facilities, Nursing home, Old age homes and Children's home.
- 12.10 An application fee is applicable – 2023/2024 financial year.

**APPLICANT:** ..... **DATE:** .....

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**BANKING DETAILS: OVERBERG DISTRICT MUNICIPALITY**

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<b>BANK:</b>	<b>NEDBANK LIMITED</b>
<b>ACCOUNT NUMBER:</b>	<b>1176524496</b>
<b>ACCOUNT NAME:</b>	<b>OVERBERG DISTRICT MUNICIPALITY</b>
<b>ACCOUNT TYPE:</b>	<b>CURRENT/CHEQUE</b>
<b>BRANCH NAME:</b>	<b>BREDASDORP</b>
<b>BRANCHCODE:</b>	<b>198765</b>
<b>SWIFT CODE:</b>	<b>NEDSZAJJ</b>
<b>PAYMENT REFERENCE:</b>	<b>NAME OF PREMISES – 11 (Example: ABC Traders - 11)</b>
<b>AMOUNT:</b>	<b>Fee on page 4 (1 JULY 2023 - 30 JUNE 2024)</b>
<b>Email prove of payment to :</b>	<b>cadams@odm.org.za</b>

**FOR OFFICE USE ONLY**

Application approved by EHP (Yes/No):			
Name of EHP:			
Date of receiving application by EHP:			
Inspection checklist reference(EHP):			
Outstanding info (EHP):			
Amount paid by client and description:			
Supporting Documents attached (Yes/No)	Yes	No	Comment
Completed Application form			
Copy of Identity Document			
Copy of Floor Plan			
Copy of Close Corporation Registration Certificate (if applicable)			
Proof of payment			
Received by (Principal Clerk):			
Date received (Principal Clerk):			
Application verified by(Area Manager):			
Application approved by verifier (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:			