



APPLICATION FOR ENVIRONMENTAL HEALTH MONITORING OF EVENT.

INSPECTION FEE PER DAY, PER INSPECTOR	R1605
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A. PERSON IN CHARGE OF THE EVENT / EVENT ORGANISER

Surname:	
First names:	
I. D. / Passport Number:	
Postal Address:	
Residential Address:	
Tel. No: Residential:	
Cell No:	
E- Mail address:	

B. PARTICULARS OF THE EVENT

Event Name:	
Type of Event:	
Date/s of Event:	
Number of Participants:	

C. EVENT AMENITIES

Amenities	Quantity
a. Sanitary / Toilet facilities: Female	
Male	
b. Washbasins for facilities: Female	
Male	
c. Refuse bins (total)	

D. WATER SOURCE USED ON THE PREMISES

Indicate the water source used on the site:			
Municipal water:		Purpose	
Borehole water:		Purpose	

F. PLAN OF PREMISES

Attach to this application, a layout plan of the premises which indicates the various areas (e.g., Toilets, refuse bins and food stalls/premises.)
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G. DECLARATION

I declare that the above-mentioned information is correct.	
I understand that it is my legal responsibility and liability to ensure that premises comply with all other legislation.	
Date of declaration:	
Signature of person in charge:	
Signature of owner (if not person in charge):	

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Facebook: /OverbergDM

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