

LOCAL GOVERNMENT ACT CAP 281

APPLICATION FOR PROFESSIONAL/BUSINESS PERMIT

1. FULL NAME OF APPLICANT:.....
2. POSTAL ADDRESS:.....
3. BUSINESS/PROFESSIONAL NAME (IF ANY):.....
4. PREMISES AT WHICH BUSINESS OR SERVICES TO BE CONDUCTED OR PROVIDED:.....
STAND NO:..... NAME OF STREET.....
LOCATION.....
5. DESCRIPTION OF BUSINESS OR SERVICES TO BE CONDUCTED OR PROVIDED BY THE APPLICANT
6. STATE NUMBER OF PRECIPUS CURRENT PERMIT (IF ANY)
7. IF THE APPLICANT IS AN INDIVIDUAL STATE;
(A) HOME ADDRESS:.....
(B) CITIZENSHIP DETAILS:.....
(C) NATIONAL REGISTRATION CARD NO:.....
8. IF THE APPLICANT IS A BODY (INCLUDING A CO- OPERATIVE SOCIETY) GIVE DETAILS OF ALL DIRECTORS, PROPRIETORS, PARTNERS, SHAREHOLDERS CITIZENSHIP DETAILS OF OWNERS, PROPRIETORS, PARTNERS, SHAREHOLDERS ETC).