

# APPLICATION FORM FOR OCCASIONAL TRADING ACTIVITIES

(Section 102(3) of The Local Government Act 2003 as subsequently amended)

Ref No: .....

Name of Applicant: Mr/Mrs/Miss/Co/Soc: .....

NIC/Company Registration No. : .....

Name of representative & NIC (In case of company).....

Address of Applicant/Company/Soc: .....

Phone: ..... Fax No: ..... E-mail address: .....

Nature of Occasional trading activities:

1. .... 4. ....

2. .... 5. ....

3. .... 6. ....

Address and situation of premises on which it is proposed to conduct the Occasional Activity: .....

.....

Number of stalls in case of trade fair.....

Date(s) and time of Occasional Activity: .....

Specify whether:

(a) Music will be played during event	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) Food will be prepared and sold during event	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Date: .....

Signature of Applicant: .....

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## Documents to be attached with this application form (where applicable)

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|--|--------------------------|
| 1. Written consent from the owner/manager of the premises/site                                 | <input type="checkbox"/> |
| 2. Clearance from the Police Department  | <input type="checkbox"/> |
| 3. Clearance from the Ministry of Health   | <input type="checkbox"/> |
| 4. Clearance from the Ministry of Business Enterprise and Cooperatives                         | <input type="checkbox"/> |
| 5. Clearance from MASA   | <input type="checkbox"/> |
| 6. Clearance from the Road Development Authority   | <input type="checkbox"/> |
| 7. Location plan of premises   | <input type="checkbox"/> |
| 8. Clearance from M.R.A.   | <input type="checkbox"/> |
| 9. Fire Certificate  | <input type="checkbox"/> |
| 10. National Identity Card / Certificate of Incorporation & Copy of Business Registration card | <input type="checkbox"/> |
| 11. Others: .....  | <input type="checkbox"/> |

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### For office use only :

Date referred to Permits & Business Monitoring Committee: .....

Date of PBMC: .....

Decision of PBMC: .....

Date paid:

Amount paid:

Receipt No:

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