



AbaQulusi Municipality

Tel (034) 9822133 Fax: (034) 9808822
P.O. Box 57, Vryheid, 3100

APPLICATION TO OPERATE A TUCK-SHOP

APPLICATION IN TERMS OF THE SPATIAL PLANNING AND LAND USE MANAGEMENT ACT (ACT NO. 16 OF 2013) WITH ITS REGULATIONS READ WITH THE ABAQULUSI LOCAL MUNICIPALITY SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAW

1. PERSONAL PARTICULARS:

1.1 Name and surname: _____

1.2 Marital state: Single Married Divorce Widow/Widower

1.3 Economic status: Pensioner Home Executive

Work full-time Work Part-time Unemployed

1.4 Are you the only breadwinner of the household: Yes No

2. ADDRESS

2.1 Street address: _____

2.2 Erf number: _____

2.3 Postal address: _____

2.4 Telephone number: (h) _____ (w) _____

2.5 Owner of the lot: _____

(The applicant shall present a power of Attorney confirming authority to apply on behalf of the owner should the land not belong to the applicant)

3. ACTIVITY

3.1 From what room are you going to do business? (e.g.. garage)

3.2 What is the size of the above mentioned room?

3.3 What products do you intend to sell?

3.4 For how long do you intend to run a tuck shop from your residential site?

3.5 Explain how and to whom you intend selling your products?

3.6 What is your aim with the business?

4. FUNCTIONING OF BUSINESS

4.1 Who, except you will be part of the business and in what capacity? (Explain the their responsibilities)

4.2 Operating Hours of the Tuck-Shop

4.3 Describe any material/equipment you intend to store and state where.

4.4 State the type of vehicles you intend to use.

5. REQUIRED DOCUMENTATION

The following documents must be attached to application:

5.1 Consent from surrounding neighbours

5.2 Certified Copy of Title Deed

5.3 S.G. Diagram

5.4 Site Development Plan

5.5 Motivation

5.6 Proof of Payment to the AbaQulusi Municipality to the value of **R** _____

(N.B. The municipal invoice will be issued on confirmation of the complete application)

6. I, _____ HEREBY CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS CORRECT AND HEREBY SOLEMNLY DECLARE THAT IF THIS APPLICATION IS APPROVED, I WILL AT ALL TIMES ADHERE TO THE CONDITIONS AND CONTROLS AS SET OUT IN THE LETTER OF APPROVAL.

I ALSO CONFIRM THAT I UNDERSTAND THAT IF I DO NOT FULLY COMPLY WITH THE CONDITIONS AND CONTROLS OF THE APPROVAL, THE APPROVAL WILL BE DEEMED NULL AND VOID AND I WILL UPON NOTICE, IMMEDIATELY CEASE ALL COMMERCIAL ACTIVITIES FROM THE PREMISES.

DATE: _____

**SIGNATURE OF APPLICANT
OR DULY AUTHORISED AGENT**

PLEASE NOTE: AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

APPROVAL FROM THE NEIGHBOURS

1. LOT NO: OWNER.....

STREET ADDRESS

.....
SIGNATURE

2. LOT NO: OWNER.....

STREET ADDRESS

.....
SIGNATURE

3. LOT NO: OWNER.....

STREET ADDRESS

.....
SIGNATURE

4. LOT NO: OWNER.....

STREET ADDRESS

.....
SIGNATURE

5. LOT NO: OWNER.....

STREET ADDRESS

.....
SIGNATURE