



## **APPLICATION FOR NEW BUSINESS LICENSE 2013**

P.O Box 72, Nausori, Fiji.

Phone: (679) 347 7133 Fax: (679) 340 0048

Email: [nausoritown@connect.com.fj](mailto:nausoritown@connect.com.fj)

### **BUSINESS LICENSE ACT (CAP. 204)**

(Please note that all details in this form must be filled properly before a license can be issued.)

**Business Name:** \_\_\_\_\_

**Name of Owner(s):** \_\_\_\_\_ **F/N:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_  
(Lot Number; Lease/Title Number; Survey Plan Number; Street Name; Ward; Shop number; Building Name; etc)

**Business Postal Address:** \_\_\_\_\_ **Business Email:** \_\_\_\_\_

**Business Phone No.:** \_\_\_\_\_ **Business Mobile No. :** \_\_\_\_\_ **Business Fax No.:** \_\_\_\_\_

**Type/Nature of Business:** \_\_\_\_\_  
(Be specific please)

**If Tenant, Name and Contact of Landlord:** \_\_\_\_\_  
(Attach Approval letter from the Landlord)

**Approximate Floor Space:** \_\_\_\_\_ **If Renting, Rent Payment per Month: \$** \_\_\_\_\_

**Registration No:** \_\_\_\_\_ **T.I.N No:** \_\_\_\_\_  
(Copy of cert. of registration required) (Copy of registration required)

**Dept. of Environment Waste Disposal Permit or Receipt No (If Required):** \_\_\_\_\_

**Type of Ownership (Circle one):** **Limited Liability Co.** **Sole Trader** **Partnership**

**Director's Name if Limited Liability Co.** \_\_\_\_\_

**Owner's Residential Address:** \_\_\_\_\_

**Owner's Phone No.:** \_\_\_\_\_ **Owner's Mobile No. :** \_\_\_\_\_ **Owner's Email:** \_\_\_\_\_

**Date Business Started:** \_\_\_\_\_ **No. Employees:** \_\_\_\_\_

#### **Declaration:**

I/We declare that the above information provided is true to the best of my knowledge. Licenses applied for are the only businesses carried out under the business name under which this application is made.

If granted a BUSINESS LICENSE, I/We undertake to comply with all applicable laws and by-laws throughout the period of the license/s.

I/We understand that applying for a business license does NOT represent approval of my use/business with respect to Council Town Planning, Health & Environment Department approval and/or any other requirement. Further, I recognize that it is my responsibility to secure appropriate clearances and that it is advisable for me to secure such requisite approvals prior to establishing this business and paying the business licensing fee.

I/We understand that to carry on my business without an appropriate license could result upon conviction to a fine not exceeding FIVE HUNDRED DOLLARS, or IMPRISONMENT for a term not exceeding one year or to BOTH such a fine and imprisonment.

**Signature of Owner/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: Licenses issued expire on December 31<sup>st</sup> each year. Any false information provided shall render the license invalid.

**OFFICIAL USE ONLY**

**Town Planning Department:**

Type of Zone: \_\_\_\_\_ Zoning Checked by \_\_\_\_\_

Town Planning Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Building / Health / Environment Department:**

BHE Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

License Approved / Refused: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| TYPE OF LICENSE | FEE CHARGED | RECEIPT NO. | DATE | LICENSE NO. |
|-----------------|-------------|-------------|------|-------------|
|                 |             |             |      |             |
|                 |             |             |      |             |
|                 |             |             |      |             |
|                 |             |             |      |             |
|                 |             |             |      |             |
|                 |             |             |      |             |
|                 |             |             |      |             |
|                 |             |             |      |             |