



District Council Head Office, Rose Belle - ☎627-4542, 627-4575, 627-7633 Fax: (230) 627-4640

Website: <http://www.dcgp.mu> , Email: dcgp@mail.la.gov.mu

CHECKLIST FOR PAYMENT OF TRADE FEE

(Section 122 of The Local Government Act 2011)

Ref No:

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

ID No. of Applicant / In case of Company, name of representative & ID No.:

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Address of Applicant/Company/Soc:

Business Registration No.:

Phone: Fax No: E-mail address:

Application for:

1.

2.

3.

Address and site where the proposed activity is to be held:

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Date: Signature of Applicant:

Checklist of documents to be attached with this application form(Copies)

- 1. Business Registration Card
- 2. Copy of ID of applicant
- 3. Building and land use permit with attached conditions
- 4. Site/Location Plan
- 5. Completion Certificate from Planning Department
- 6. Exempt Development form from Planning Department
- 7. Certificate of incorporation
- 8. Companies Act
- 9. Written consent from owner of the Premises/landlord +ID
- 10. Tittle Deed
- 11. Affidavit
- 12. Clearance from Gambling Regulatory Authority
- 13. Clearance from the Ministry of Commerce
- 14. Clearance from assay office
- 15. Clearance from Customs & Excise Department / M.R.A.
- 16. Fire Clearance / Certificate
- 17. Horse Power
- 18. Clearance from National Transport Authority

Any other document if required:

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NOTE: Payment of Trade fee will be accepted only after submission of all documents ticked above.

Name of receiving officer: Signature: Date:

Approved/Not approved by: Signature: Date:

For office use only:

THE DISTRICT COUNCIL OF GRAND PORT

PUBLIC HEALTH DEPARTMENT-TRADE FEE

Acknowledgement for submission of application from (Ref No:)

Name of Receiving Officer:

Date :

Signature: