

**APPLICATION FOR ISSUE/RENEWAL/TRANSFER
OF BUSINESS LICENCE/PREMISES**

1. SURNAME OF APPLICANT..... OTHER NAMES
2. Trading Name or other Names by which the applicant is commonly known.....
.....
Nationality Age Sex.....
3. If married woman full names of Husband
4. Address of premises where business will be or is being conducted Plot No.
..... Box No.Street.....
Tel. No.
5. If Application for Renew Insert/Attach:
 - a) Current Licence No.....
 - b) Tax Payer Identification Number (TPIN).....
 - c) Copy of Current Tax Clearance Certificate
6. Type of Licence required if for Issue:
7. Do you hold a Registered lease or sub-lease for therefore the plot on which you are applying to trade? If so quote Deed No.
8. If application is for Transfer, State who the business was purchased from
..... Including legal documents.
9. Are you or your Wife/Husband an undischarged Bankrupt? Yes / No
10. Has a receiving order in Bankruptcy been against you or your Wife/Husband within the last ten years? Yes / No.
11. Have you or incase of partnership any of your Partner or Company or person responsible for management been convicted of any offence under provisions of intoxicating Liquor ACT or Businesses Licencing ACT? Yes/No.
12. Have you been refused a trading Licence? Yes / No.
13. Have you been convicted of any offence relating to the conditions of the Business premises? Yes / No.
14. do you intend to trade (a) On your own account? (b) As an Agent? (c) As a partnership? (d) As a Company?
15. If as an Agent/Partnership/Company, state Names, Addresses and Nationality of each Principal partner or Director of the Company.....
.....
.....
16. Are you new or do you intend becoming the holder of any Franchise or right granted by any Company Firm or individual carrying on business inside Malawi which entitled you solely or in common with not more than five other Companies, Firms or individuals to sell any particular goods in Malawi or any part of Malawi? Yes/No.
17. Nature of Goods (tick where applicable)

Groceries and Provisions () Pharmaceuticals & Cosmetics ()

- | | | | |
|-------------------------------|-----|----------------------------------|-----|
| Footwear | () | Factories | () |
| Clothing | () | Blankets | () |
| Fruits, Vegetables | () | Electrical/Electronic Appliances | () |
| Beer and Spirits | () | Gifts, Curios and Similar Goods | () |
| Stationery, Books, Toys | () | Household Items | () |
| Bicycles & Spares | () | Meat & Delicatessen Goods | () |
| Hardware & Building Materials | () | Motor Vehicles & Spares | () |
| Petroleum Products | () | | |

18. What is the amount of Capital Invested or intended to be invested in the Business?
MK
19. Give Particulars and Licence No.s of all other activities.
.....
20. If you don't possess any Business, give resume of your past experience
.....
.....
21. In the case of a Traveling Wholesaler's Licence, State
22. Names of Employees who will require a letter of Authority
.....
.....
.....
- (a) Number of vehicles to be used.....
(b) Areas where it is intended to operate
23. Are you a registered Importer under Control of Goods ACT? If so quote the Certificate of Registration No.
24. If application is for renewal of Wholesaler's/Retailer's Licence, please complete the following questions:
(a) Value of last year's sales including consignment and indent sales
MK
- (b) Value of stock including consignment at cost MK
- (c) Value of direct Imports MK

DECLARATION

I declare that the information given is true and correct to the best of my knowledge and belief.

SIGNED BY

WITNESS

APPLICATION FEE. PAID RECEIPT NO.

FOR OFFICE USE:

CHECKED BY

AUTHORISED BY..... DATE.....