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**(BUSINESS LICENSING ACT 204)**  
**LOCAL GOVERNMENT (BUSINESS LICENCE) REGULATION 1995**  
**FIRST SCHEDULE (REGULATION 3)**

**APPLICATION FOR NEW/RENEWAL OF BUSINESS LICENCE**

1. NAME OF BUSINESS TO BE LICENCE  
 .....
2. BUSINESS NAME REGISTERED NO: .....  
 DATE: TIN NO: .....
3. OWNER'S NAME (S).....
4. POSTAL ADDRESS: .....  
 .....  
 Email Address:
5. TELEPHONE NO: (OFFICE) ..... MOBILE ..... AFTER HOURS .....
6. BUSINESS CATERGORY OF APPLICANT  
 INDIVIDUAL – TRADING UNDER: OWN NAME: ..... REGISTERED BUSINESS NAME:  
 .....  
 PARTNERSHIP – TRADING UNDER PARTNERS NAME: .....  
 COMPANY: PUBLIC: ..... PRIVATE: ..... FOREIGN:  
 OTHERS (GIVE DETAILS)

7.

	LOCATION	TYPE OF BUSINESS (COLUMN B) REFER SCHEDULE OF LICENCES
a)		
b)		
c)		

**8. DECLARATION**

If granted Business License I/WE undertake to comply with all applicable laws throughout the period of the license/s

I/We declare I/WE have examined the schedule of licenses and confirm that licenses applied for in column (B) above are for the only business carried out under the business name under which this application is made.

I /WE understand that to carry on my business listed in the Schedule of License without appropriate licenses could result upon conviction in a fine not

Date: .....

Position Held: .....

Company Seal

Signature.....

**9. ADDITIONAL INFORMATION**

- A) LOCALITY MAP (Please sketch location of proposed business)
- B) PROPERTY DETAILS (Please fill where applicable)

Existing Building Name:	
Certificate of title or lease No:	
Property's Owners Name:	
Property/s owners Phone Contact	
Previous use of proposed space:	
Proposed use(type of business-refer to business Licenses Schedule)	
Any new structural / partitioning works? Yes / NO	

**C) PROPERTY OWNER'S CONSENT (TO BE ENDORSED BY PROPERTY OWNER)**

I,.....of .....the registered owner of property contained within .....(CT of Lease) hereby give my consent to ..... To occupy and use my building for the purpose stated above:

Signature: .....

Date:

**FOR OFFICE USE ONLY**  
**BUSINESS LICENCE**  
**SECTION**

Business name Registered Sighted By: ..... Date:

Fee \$: ..... License No: .....

**TOWN PLANNING SECTION**

Zoning Checked by ..... Date: .....

Comments

**HEALTH SECTION**

Health requirements checked and remarks below: (inspection report attached)

Date: .....

Signature: .....

