



# SINGLE BUSINESS PERMIT

## BUSINESS REGISTRATION FORM

County Name: - COUNTY GOVERNMENT OF TAITA TAVETA

Form No:

Please revise the required information carefully before filling the registration form

### BUSINESS IDENTIFICATION AND ADDRESS

Business ID No:

Business Name:

Certificate of Registration No/ID No:

PIN:

VAT No:

P.O Box:

Postal Code:

Postal Town

Telephone No. 1:

Telephone No. 2:

Fax:

E-mail Address:

Business Physical Address:

Plot No:

### OWNER/CONTACT PERSON DETAILS

Name:

Designation:

P.O Box:

Postal Code:

Postal Town

Telephone No. 1:

Telephone No. 2:

Fax:

### BUSINESS DETAILS

Business Activity Description

Business Premise Area (Sq Meters):

No. of Employees:

Other Business Classification Details (e.g No of Students, fuel pump machines, beds, etc):

### DECLARATION

I declare that the information provided in this form is true and correct concerning the business

Name

Signature

Date

### FOR OFFICIAL USE ONLY

Business Activity Code:

Activity Description:

Business Zone Code:

Business Zone Name:

Ward Code:

Ward Name:

Relative Size:

Small

Medium

Large

Officer's Name

Signature

Date