

THE CITY COUNCIL OF PORT LOUIS

City Hall, Jules Koenig Street, Port Louis
Tel: 4056600 Fax: 2103064 E-mail: mpl.healthdept@intnet.mu

APPLICATION FORM FOR OCCASIONAL ACTIVITIES

(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.:

Address of Applicant/Company/Soc:

Company Registration No.:

Phone: Fax No: E-mail address:

Occasional activities for:

- 1. 4.
- 2. 5.
- 3. 6.

Address and situation of premises on which it is proposed to conduct the occasional activity:

Date of occasional activity: No. of stands:

Date: Signature of Applicant:

Documents to be attached with this application form

- 1. Written consent from the owner of the premises
- 2. National Identity Card / Certificate of Incorporation
- 3. Location plan of premises
- 4. Clearance from Police Department
- 5. Clearance from Ministry of Health & Wellness
- 6. Clearance from Min. of Commerce & Consumer Protection
- 7. Clearance from Mauritius Society of Authors
- 8. Clearance from Road Development Authority
- 9. Clearance from Customs & Excise Department / MRA
- 10. Clearance from Mauritius Fire & Rescue Service
- 11. Others:

For office use only :

Recommendation of Chief Health Inspector : **Recommended / NOT Recommended**

Date: Signature:

Date referred to Permits & Business Monitoring Committee:

Approved / NOT Approved :

Reserved:

Date paid: Amount paid: Receipt No: