

**THE CITY COUNCIL OF PORT LOUIS
PUBLIC HEALTH DEPARTMENT**

Tel: 4056600

Fax: 2103064

E-mail : mpl.healthdept@intnet.mu

Cessation of Business / Transfer of Business (delete as appropriate)
Under Section 127 of The Local Government Act 2011

The Chief Executive
City Hall
Port Louis

Serial No.....

Date:

Dear Sir,

I,
(state name and capacity)

acting on behalf of

hereby inform the Council of my intention to cease business as:

.....
.....

in respect of my/our business premises situated at

.....

as I / the Company have ceased business / have transferred my / our business to

..... as from

Business Registration Number: Trade ID:.....

Body ID:

Signature: ID Card No.

Copy of National Identity Card & Receipt of payment of trade fees to be attached

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I acknowledge receipt of your letter/application dated informing the
Council that intends to cease /
has ceased business as
at on/as from

for Chief Health Inspector

Date