



SINGLE BUSINESS PERMIT

BUSINESS REGISTRATION FORM



LA Name: - CITY OF KISUMU

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:	

BUSINESS DETAILS

Business Activity Description:		Business Premise Area (Square 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
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FOR OFFICIAL USE ONLY

Business Activity Code:		Activity Description:			
Business Zone Code:	Business Zone Name:	Ward Code:	Ward Name:		
Relative Size:					
<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	Officer's Name		
			Signature		
			Date		