

REF #:

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**SUVA CITY COUNCIL**  
**[BUSINESS LICENSING ACT Cap. 204]**  
**APPLICATION FOR NEW/RELOCATION OF LICENCE**

1. NAME OF BUSINESS TO BE LICENSED.

\_\_\_\_\_

2. BUSINESS NAME REGISTERED NO. \_\_\_\_\_ DATE: \_\_\_\_\_  
[EVIDENCE OF REGISTRATION TO BE ATTACHED TO THIS APPLICATION]

TIN. NO: \_\_\_\_\_

3. OWNER'S NAME (S): [FOR NON-LIABILITY COMPANY]

\_\_\_\_\_

4. POSTAL ADDRESS: \_\_\_\_\_

5. TELEPHONE: OFFICE: \_\_\_\_\_ AFTER HOURS: \_\_\_\_\_

6. BUSINESS CATEGORY OF APPLICANT:

**INDIVIDUAL – TRADING UNDER:** OWN NAME  REGISTERED BUSINESS NAME

**PARTNERSHIP-TRADING UNDER** PARTNER'S NAME

**COMPANY:** PUBLIC  PRIVATE  FOREIGN

OTHERS: [GIVE DETAILS]

\_\_\_\_\_

7.

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

8. OWNER / DIRECTOR'S DECLARATION:

A) If granted BUSINESS LICENCE I/WE undertake to comply with all applicable laws and by-laws throughout the period of the licence/s.

I/WE declare that I/WE have examined the schedule of licences and confirm that licences applied for in column (B) above are for the only designated businesses 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 Licences without an appropriate licence/s shall result in legal action being instituted without further notice.

B) I/WE understand the contents of this form and the information I/WE have given is true and correct to the best of my knowledge and belief. I/WE understand that if I/WE make a false or misleading statement, the application may be declined or I/WE can be persecuted even if approved should I/WE contravene any of the Town Planning/Health or any other laws in force and I/WE shall become liable for any legal action that maybe taken against me by the authority concerned.

Date: \_\_\_\_\_ Position Held: \_\_\_\_\_

Signature: \_\_\_\_\_ **NOTE:** Please refer to schedule of license

9. **ADDITIONAL INFORMATION**

(A) **LOCALITY MAP** *(Please sketch location of proposed business)*

(B)

Existing Building Name:	
Certificate of Title or Lease No:	
Property Owner's Name:	
Property Owner's Phone Contact:	
Previous use of Proposed Space:	
Proposed Use (Type of Business – Refer to Business Licence 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 or Lease) hereby give my  
 consent to \_\_\_\_\_ to occupy and use  
 my building for the purpose stated above.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Requirements / Checklist New/Relocation**

- A thoroughly filled application Form
- 1 copy of Business Registration Certificate
- 1 copy of FTIB Certificate (if Foreign Investor)
- 1 copy of TIN Registration letter (FRCA)
- 1 copy of Health License if operating a Restaurant, Takeaway, Refreshment Bar, Butcher, Nightclub, Hair Saloon or any food handling Business.
- Directors names and contacts including 1 copy of their photo ID's(Passport/Drivers License/FNPF card or any other valid photo ID)
- 1 copy of Consent Letter from landlord (if renting)
- 1 copy of Liquor License (if applicable)
- 1 copy of OHS letter from Ministry of Labour
- 1 copy of NFA certificate
- 1 copy of Building completion certificate
- 1 copy of permit to store Controlled Substance (Form 4 or 7) or Clearance notification from Department Of Environment (if applicable)
- 1 copy of Copyright License from Fiji Intellectual Property Office (Sales or Hire of DVD /CD.
- Processing Fees \$23.00 (new application/Change of location)

**FOR OFFICE USE ONLY**

**A. BUSINESS LICENCE SECTION:**

Business name Registration Sighted By: \_\_\_\_\_ Date: \_\_\_\_\_

**B. ENGINEERING SERVICES DEPARTMENT**

Zoning Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Completion Certificate Checked By: \_\_\_\_\_ Date: \_\_\_\_\_

City Planner Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Director Engineering Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**C. HEALTH DEPARTMENT**

Health requirements checked and Remarks Below:

Designation: \_\_\_\_\_ Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Director Health Services Signature: \_\_\_\_\_ Date : \_\_\_\_\_

**D. FINANCE DEPARTMENT**

Business License Officer: \_\_\_\_\_

Director Finance Signature: \_\_\_\_\_ Date : \_\_\_\_\_