

APPLICATION FOR HAWKERS / STREET TRADERS PERMIT UNDER  
THE SUVA AREA [HAWKERS AND STREET TRADERS] BY – LAW, 1997

Name of Applicant: Mr / Mrs / Miss: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Occupation of Applicant: \_\_\_\_\_

Parents Occupation: \_\_\_\_\_

Residential Address H/ N \_\_\_\_\_ Street / Road: \_\_\_\_\_

Ward: \_\_\_\_\_ (For Suva Residents)

City or Town: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you or any members of your family operate any stall in Suva Market, Curio And or Handicraft Centre or a street trader's pitch or any other Hawkers License

*If yes, Please give details*

\_\_\_\_\_

Type of Goods/ Products to be sold: \_\_\_\_\_

\_\_\_\_\_

**WITNESS:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE CONTACT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

{SIGNATURE OF APPLICANT} \_\_\_\_\_ {DATE} \_\_\_\_\_

**REQUIREMENTS**

\*\*2 Passport photo                      \*\*2 copies of suppliers letter                      \*\*2 copies of TIN Registration letter

\*\*2 copies of HEALTH License                      \*\*2 copies of consent Letter                      \*\* A application letter

FOR OFFICIAL USE ONLY

**A. Business License Section**

New Application / Renewal: \_\_\_\_\_

**Method of Business Operation**

Street Trader: Hand cart or Table / Hawker: in box, Basket or tray, Carried or borne by hawker in box, Bicycle, motor Vehicle, or other type of conveyance herein specified.

\_\_\_\_\_

Location of Business Operation: \_\_\_\_\_

\_\_\_\_\_

**B. Administration Department**

Comments by Enforcement Officer: \_\_\_\_\_

Comments By Admin Department (if applicable) \_\_\_\_\_

\_\_\_\_\_

Approved/Not Approved

Director Admin/Operation: \_\_\_\_\_

**C. Health Department**

Health requirements checked and remarks below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Approved / Not Approved

Director Health: \_\_\_\_\_

**D. Engineering Department**

Requirements checked and remarks below:

\_\_\_\_\_

\_\_\_\_\_

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

Approved / Not Approved

Director Engineers: \_\_\_\_\_

**E. Finance Department**

Remarks of Business License Officer: \_\_\_\_\_

\_\_\_\_\_

Approved / Not Approved

Director Finance: \_\_\_\_\_