

SUVA CITY COUNCIL MINIBUS APPLICATION/TRANSFER FORM

1.	Name of Applicant: (Mr/Mrs/Ms)				
	F/N:				
2.	Residential Address:				
	Postal Address:				
	Phone No.:	_			
3.	Do you own a Min Bus: YES/NO				
	If Yes: Regd. No Model:	No. of Passengers			
4.	Name of Employer: (state if self-employed				
	Name of Wife/Husband:				
	Employer of Spouse:				
5.	Do you pay business licence?	YES/NO			
6.	Do you already operate a mini bus?	YES/NO			
7.	Do you own property in city and pay city rates:	YES/NO			
	If Yes, Assessment No	(attach copy of recent rates notice)			
8.	Do you currently hold a Mini Bus base? YES/NO operating)	(if yes state Mini Bus base(s), location and numbers			
	NAME OF MINI BUS BASE	NUMBER OF MINIBUS			

9.		Were you ever convicted of illegally operating from Parking Meters or from Council's Mini Bus Bases or from other Council's unauthorized places? YES/NO					
	If Yes, s						
	REQUIR	REQUIREMENTS:					
	l.		h name written at the	e back & signed by applicant			
	II.	ID - (Certified copy of Pas	ssport, Driving Licen				
	III.	Recent Water bill or Electricity bill					
	IV.	Current Third Party Policy					
	V.	Copy of Permit					
	VI.	Consent letter – (Transfer of ownership)					
	VII.	Release letter – (Transfer from other municipality)					
	VIII.	II. Others as requested, to support the application— (Family Transfer or Transfer by Death)					
10.	NOTE:			out relevant attachments will r pany insert Common Seal of tl			
11.	DECLARATIONS:						
	objection to having the information verified with the Licensing Authority, Police Department or any other organisation. I AM AWARE THAT ANY FALSE INFORMATION WILL RENDER THIS APPLICATION INVALID.						
	SIGNAT	TURE OF APPLICANT		DATE			
	WITNES	SS (Print Name & Sign)		DATE			
	FOR OFFICE USE ONLY						
	Rate F	Payer					
	Parkir	ng Meter Due					
	Busin	ess License Due					
	Mini B	Bus Owner/Driver					
	Route	s – City/Town/ Rural					
	Permi	t					
	Recor	nmendation					