



REGISTRATION FOR LEVY

Name of Applicant: _____

Postal Address: _____

Telephone: (W) _____ **Cell** _____ **or** _____

Fax: _____ **E-mail:** _____

Location of Business Premises (Physical Address): _____

Business Licence Number: _____

Official Use

File Number: _____

Issue Date: _____

Expiry Date: _____