

# COVID-19 SOCIO-ECONOMIC BUSINESS RELIEF PACKAGE

(B n' Bs /Guest Houses) – Reclassification to Residential for a period of six months

FORM 2

# 1. APPLICANT DETAILS (OWNER)

TITLEINITIA	LS
FULL NAME & SURNAME:	
IDENTITY NUMBER:	
GENDER	MALE FEMALE
COMPANY NAME/CC/ TRUST	
CIPC/MASTERS COURT REG NO	
PHYSICAL ADDRESS:	
	CODE
WEBSITE	
CONTACT NUMBER	
EMAIL ADDRESS:	
RATES ACCOUNT NO:	ERF NUMBER
2. For the APPLICANT (Kindly and	honestly answer the following questions):
2.1. Did you operate your establishmen	nt between 26 of March 2020 and 30 June 2020?
2.1. Did you operate your establishmen	nt between 26 of March 2020 and 30 June 2020?  YES  NO
	YES NO
Please tick:	YES NO
Please tick:	YES NO
Please tick:  If yes, please provide details below	YES NO
Please tick:  If yes, please provide details below	YES NO no not supporting documents.
Please tick:  If yes, please provide details below	YES NO no not supporting documents.
Please tick:  If yes, please provide details below  2.2. Is your accommodation establishm  Please tick:	YES NO no and supporting documents.  The supporting documents are supporting documents.  The supporting documents are supporting documents.  The supporting documents are supporting documents.
Please tick:  If yes, please provide details below  2.2. Is your accommodation establishm  Please tick:	YES NO no not supporting documents.  The supporting documents of the supporting docume
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# KWADUKUZA MUNICIPALITY

2.3. Do you have any pend	ding KwaDukuza Mun	nicipality By-	Laws contrave	ention not	tice/s?	
Please tick:	YES			NO		
If Yes, please provide deta	ils of any remedial ac	ction underta	aken:			
2.4. Do you have any legal  Please tick:	i disputes in relation t	to rates, tow	n pianning and	bullaing NO	contro	i issues?
				NO		
If Yes, please provide deta	IIS:					
2.5. Have you ever been for	ound tempering with 4	alectricity?			•••••	
Please tick:	YES	electricity?		NO		
If Yes, please provide deta				NO		
ii Tes, piease provide deta	115					
a DEGLADATION						
3. DECLARATION					1	de la confection de la
, the undersigned,supplied is in terms of this de				, ao r	nereby	declare that the above information
DECLARE that the above pr	operty is/isn't* my pı	rimary prop	erty on which	I reside	perma	nently.
ACKNOWLEDGE that the Machine the Indicate th	•	-	-	nyone wh	no willf	ully provides false information with
ACKNOWLEDGE and agree ousiness relief scheme and						on of my application for COVID 19 benefit at any stage.
ACKNOWLEDGE that the Months of			-		-	action as the result of incorrect e.
JNDERTAKE to furnish add	itional documentary	proof, if red	quested.			
-	le with the purpose f					lication hereby made and/or necessary for the legitimate and
COMMIT to join the yet to be	e formed KwaDukuza	a Communi	ity Tourism As	sociatior	۱.	

UNDERTAKE not to provide short-term accommodation services and not to participate on electronic communication

platforms that promote short-term accommodation.

ACKNOWLEDGE that KwaDukuza Municipality reserves it's all rights and has a right to use its own discretion not to grant the COVID 19 business relief scheme.

SIGNATURE	DATE:

## **CHECKLIST / DOCUMENTS TO ACCOMPANY THIS APPLICATION**

No.	REQUIREMENTS	Tick
1.	Copy of Identity Document of applicant (owner)/ Director or Trustee delegated to sign documents	
2	Copy of Special Consent/Zoning approval certificate from the Municipal Town Planning Department	
3	Copy of Municipal Rates Account Statement /Bill (not older than 3 months)	
4	Copy of Business Registration Certificate (CIPC or Trust)	
5	Proof of employment for employees and their proof of registration with the Department of Labour (for UIF purposes).	

## **QUALIFYING CRITERIA**

- a) Legally operating as a tourism establishment.
- b) Adhering to the norms and standards of the tourism industry.
- c) Businesses that were operating on or before the 29th of February 2020.
- d) Businesses with three (3) or more employees registered with the Unemployment Insurance Fund (UIF). The municipal accounts of the Businesses and owners should not be in arrears for a period of more than 90 days before 26th March 2020.
- e) Business premises must be compliant with KwaDukuza Municipality Land Use Management Scheme, National Building Regulations, and any other municipal bylaw and/or applicable law.
- f) The Business should be without any pending by-law transgression notices.
- g) The Business should be without any legal judgments or disputes concerning rates, town planning, or building control issues.
- h) The applicant should have previously participated in KwaDukuza Approved Debtors Incentive Scheme and met all its obligations.
- The applicant should have previously made municipal accounts payment arrangement as per the Credit Control Policy and fulfill its terms and conditions.
- j) The multi-property owners will only be eligible to apply for one (1) business property.
- k) Must not have any record of illegal electrical connections or interfering with electrical meters or supplies.
- I) The business is currently not benefiting from any rate rebates.
- m) Commitment to join the Community Tourism Organization.
- n) Commitment to be part of the post-COVID Tourist Destination Packages that will be designed in consultation with the industry players.

**SUBMISSION OF APPLICATIONS FORMS:** The applications shall be submitted to KwaDukuza Municipality via this email address: <a href="mailto:COVID19businessrelief@kwadukuza.gov.za">COVID19businessrelief@kwadukuza.gov.za</a>

The email subject shall be **COVID-19 Socio Economic Business Relief – Reclassification to Residential** 

CLOSING DATE OF SUBMISSION: 28 JULY 2020. APPLICATIONS RECEIVED AFTER THE CLOSING DATE WILL NOT BE CONSIDERED.