

COVID-19 SOCIO-ECONOMIC BUSINESS RELIEF PACKAGE

RESTAURANTS | FOR A PERIOD OF SIX MONTHS

FORM 1

1. APPLICANT DETAILS (owner)

TITLE INITIALS

FULL NAME & SURNAME:

IDENTITY NUMBER:

GENDER MALE ☐ FEMALE ☐

COMPANY NAME/CC/ TRUST:

CIPC/MASTERS COURT REG NO CODE

PHYSICAL ADDRESS:

CONTACT NUMBER

EMAIL ADDRESS:

RATES ACCOUNT NO: ERF NUMBER

2. IF THE APPLICANT (owner) is not the RESTAURANT OWNER (Tenant), kindly complete the following:

RESTAURANT NAME:

OWNER'S NAME:

IDENTITY NUMBER CODE

GENDER MALE ☐ FEMALE ☐

EMAIL ADDRESS:

CONTACT NUMBER

3. FOR THE APPLICANT (Kindly and honestly answer the following questions):

3.1. Did you grant your tenant any rental holiday during COVID 19 Lockdown (between 26 March until 30 June 2020)?

Please tick:

YES

☐

NO

☐

If Yes, please provide conformation/proof from your Tenant (SIGNED Affidavit and/or Statement of Account)

3.2. Are you willing to further transfer this benefits to your tenants?

Please tick:

YES

☐

NO

☐

If Yes, please provide a letter of intent/Agreement signed between both parties (Landlord & Tenant).

3.3. Do you have any pending KwaDukuza Municipality By-Laws contravention notice/s?

Please tick:

YES

☐

NO

☐

If Yes, please provide details of any remedial action undertaken:

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.....

3.4. Do you have any legal disputes in relation to rates, town planning and building control issues?

Please tick:

YES

☐

NO

☐

If Yes, please provide details

.....

.....

3.5. Have you ever been found tempering with electricity?

Please tick:

YES

☐

NO

☐

If Yes, please provide details

.....

4. THE RESTAURANT OWNER (Tenant) shall provide the following documents

- i). Proof of employment for employees and their proof of registration with the Department of Labour (for UIF purposes).
- ii). Declaration of any foreign employees with proof of their work permits
- iii). Valid copy of the Business License, **in case of any pending/lodged application then a proof of payment is required.**

5. DECLARATION

I, the undersigned,, do hereby declare that the above information supplied is in terms of this document and annexures is true and correct.

ACKNOWLEDGE that the Municipality reserves the right to prosecute anyone who willfully provides false information with the intention to benefit unlawfully from the rebates awarded.

ACKNOWLEDGE and agree that the incorrect information would affect the consideration of my application for COVID 19 business relief scheme and that the municipality has a right to cancel my business relief benefit at any stage.

ACKNOWLEDGE that the Municipality may claim a refund or take any other appropriate action as the result of incorrect information relied upon in respect of this application for COVID 19 business relief scheme.

UNDERTAKE to furnish additional documentary proof, if requested.

CONSENT to the processing of the Information, for all purposes associated with the Application hereby made and/or any other purpose compatible with the purpose for which it was initially provided and/or necessary for the legitimate and justifiable interests of the Municipality.

ACKNOWLEDGE that KwaDukuza Municipality reserves its 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) or Director/Trustee duly delegated to sign documents.	
2.	Copy of Proof of Property Ownership (Title Deed)	
3.	Copy of Special Consent/Zoning approval certificate from the Municipal Town Planning Department	
4.	Copy of Municipal Rates Account Statement /Bill (not older than 3 months)	
5.	Copy of Business Registration Certificate (CIPC or Trust)	
6.	Confirmatory Affidavit by the Tenant of receiving Rental Holiday between 26 th March 2020 to 30 June 2020. The account statement of the tenant shall accompany this.	
7.	Letter of Intent to the Tenant by the Landlord committing of extending the rental holiday for the period of six months. (Letter of intent shall be signed by both parties)	
8.	Letter from the Tenant (Restaurant Owner), declaring the details of the foreign national workers employed by the establishment and legal status in South Africa. (total percentage number of foreign nationals employed).	
9.	Valid copy of the Business License, in case of any pending/lodged application then a proof of payment is required.	
10.	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 restaurant/ food outlet/s.
- b) Businesses that were operating on or before the 29th of February 2020.
- c) 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 60 days before **26th March 2020**.
- d) Business premises must be compliant with KwaDukuza Municipality Land Use Management Scheme, National Building Regulations, and any other municipal bylaw and/or applicable law.
- e) The Business should be without any pending by-law transgression notices.
- f) The Business should be without any legal judgments or disputes concerning rates, town planning, or building control issues.
- g) The applicant should have previously participated in KwaDukuza Approved Debtors Incentive Scheme and met all its obligations.
- h) The applicant should have previously made municipal accounts payment arrangement as per the Credit Control Policy and fulfill its terms and conditions.
- i) The multi-property owners will only be eligible to apply for one (1) business property.
- j) Must not have any record of illegal electrical connections or interfering with electrical meters or supplies.
- k) The business is currently not benefiting from any rate rebates.
- l) Commitment to join the Community Tourism Organization.
- m) 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: COVID19businessrelief@kwadukuza.gov.za

The email subject shall be COVID 19 Socio Economic Business Relief – Restaurant.

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