



# SINGLE BUSINESS PERMIT

## BUSINESS REGISTRATION FORM

LA Name: - KISII COUNTY GOVERNMENT -

Form No:

Please revise the required information carefully before filling the registration form

### BUSINESS IDENTIFICATION AND ADDRESS

Business ID No:		Business Name:			
Certificate of Registration No/ID No:		PIN:		VAT No:	
P.O Box :	Postal Code:	Postal Town:	Telephone No 1:	Telephone No.2:	Fax:
E - mail Address:		Business Physical Address:			Plot No:

### OWNER/CONTACT PERSON DETAILS

Name:			Designation:		
P.O Box :	Postal Code:	Postal Town:	Telephone No 1:	Telephone No. 2:	

### BUSINESS DETAILS

Business Activity Description:	Business Premise Area (Square Meters):	No. of Employees:
Other Business Classification Details (e.g No of Students, fuel pump machines, beds, etc):		

### DECLARATION

I declare that the information provided in this form is true and correct concerning the business		
Name	Signature	Date

### FOR OFFICIAL USE ONLY

Business Activity Code:	Activity Description:				
Business Zone Code:	Business Zone Name:	Ward Code:	Ward Name:		
Relative Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Officer's Name		Signature		Date