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| **BR-1 FORM** Storage № |

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| **C:\Users\USER\Documents\Nairobi City County Crest-07.jpg** |

**NAIROBI CITY COUNTY**

**BUSINESS REGISTRATION FORM**

**SINGLE BUSINESS PERMIT**

**REGISTRATION FORM**

Before completing this form, please read carefully the attached instructions sheet

Complete the form using the blank boxes, shaded areas are for internal use only.

Boxes with full-body lines must be completed

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| PIN NO | Business Name | P.O. Box | Town |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Land Zone | Plot No. | Business Physical Address |

|  |  |
| --- | --- |
|  |  |
| Activity code | Business Activity Description |

|  |  |
| --- | --- |
|  |  |
| Business Tel. 1 | E-mail Address |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| M2 |  |  |  |  |  |
| Total area of Premises | No of Employees | No of Directors | No. of students | No of customers (Restaurant/Bars) | No of Vehicles (incase of Transport Co.) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Personal ID No | No of rooms | No of Machines | No of pumps | No of Beds |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I certify the information registered in this form is true and accurate to the best of my knowledge  Representative/Owner  Signature   |  |  |  | | --- | --- | --- | |  |  |  | | dd | mmm | yy |   Date | I certify that the information given on the form reflect the true position of the business mentioned above.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Divisional/Ward Licensing Man No.  Officer  Stamp and Signature   |  |  |  | | --- | --- | --- | |  |  |  | | dd | mmm | yy |   Date |

|  |
| --- |
| PERMIT NO. DATE |
| RECEIPT NO. AMOUNT KSHS. |