



EtheKwini Revenue  
Florence Mkhize Building  
251 Anton Lembede Street  
Durban  
4001

# APPLICATION FOR REBATE BED & BREAKFAST / GUESTHOUSES

Tel: 031 328 1200  
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E-Mail: [ratesline@durban.gov.za](mailto:ratesline@durban.gov.za)  
Website: <http://www.durban.gov.za>

TO BE SUBMITTED BY 30 APRIL EACH YEAR  
PLEASE COMPLETE IN BLOCK LETTERS

## APPLICANT DETAILS

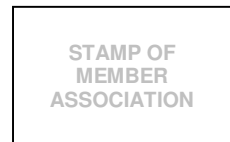
TITLE	<input type="text"/>	INITIALS	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	
FULL NAME & SURNAME (Owner)	<input type="text"/>							
IDENTITY NUMBER	<input type="text"/>			GENDER	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
NAME OF ESTABLISHMENT	<input type="text"/>							
COMPANY / C.C. OR TRUST NUMBER	<input type="text"/>							
RATE NUMBER	<input type="text"/>			WATER ACC NO	<input type="text"/>			
ELECTRICITY ACC NO	<input type="text"/>							
ERF DESCRIPTION	<input type="text"/>							
STREET NUMBER	<input type="text"/>	STREET NAME	<input type="text"/>					
SUBURB	<input type="text"/>							
CITY / TOWN	<input type="text"/>				POSTAL CODE	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>							
	<input type="text"/>				POSTAL CODE	<input type="text"/>		
CELLULAR PHONE NUMBER (Preferred)	<input type="text"/>			WORK NO	<input type="text"/>	<input type="text"/>		
E-MAIL ADDRESS	<input type="text"/>							
DOMICILIUM CITANDI ET EXECUTANDI (Service address for legal process)	<input type="text"/>							
	<input type="text"/>				POSTAL CODE	<input type="text"/>		

## DECLARATION

I, the undersigned, \_\_\_\_\_, do hereby declare that the above property is my primary property on which I reside permanently and all of the information supplied is to the best of my knowledge, true and correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



Establishment	Total size of developed area	Total number of guest bedrooms	FACILITIES ON OFFER TO GUESTS (Mark with an X)		
			Conferencing	Spa's	Other (Specify)
Bed & Breakfast					
Guest House					

**DOCUMENTS TO ACCOMPANY THIS APPLICATION**

1. Copy of Identity Document of applicant
2. One copy each of all Municipal accounts (water, electricity, rates – not older than 3 months)
3. Certified copy of business license
4. Certified copy of registration with member association
5. Certified copy of Special Consent approval from the Municipal Town Planning Department
6. Certified copy of Constitution of establishment

**QUALIFYING CRITERIA**

- a) The owner of the property must permanently reside on the property. In the case of a Company, Close Corporation or Trust being the registered owner, at least one member / director thereof must reside permanently on the property, subject to any of the members of such Companies, Close Corporation and Trusts not being a member of another Company, Close Corporation or Trust that owns a Bed & Breakfast establishment or a Guest House;
- b) The Bed & Breakfast / Guesthouse must be registered with a properly constituted organization/s as may be approved by the Municipality from time to time;
- c) The Bed & Breakfast / Guesthouse must offer accommodation and dining facilities only to registered guests. Establishments which, in addition, offer conferencing, spa's, hair salons etc, will not qualify;
- d) The applicant must provide details of the establishment in respect of total size of developed property, total number of rooms, and facilities available to guests. This will be required to be certified by the member Association;
- e) An annual application must be made by 30 April preceding the start of the new financial year for which relief is sought;
- f) A business License in terms of the "Accommodation Establishment Bylaws" must accompany this application.

**FOR OFFICE USE ONLY**

Date received by Council: \_\_\_\_\_ Name of Receiving Official: \_\_\_\_\_

Signature of Receiving Official: \_\_\_\_\_