



APPLICATION FOR REBATE
BED & BREAKFAST / GUESTHOUSES /HOLIDAY
ACCOMMODATION

Tel: 031 324 5000
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E-Mail: ratesline@durban.gov.za
Website: <http://www.durban.gov.za>

PLEASE COMPLETE IN BLOCK LETTERS

DETAILS OF THE PROPERTY OWNER

SURNAME & FULL NAME (If a natural person)

TITLE INITIALS DATE OF BIRTH

IDENTITY NUMBER GENDER MALE FEMALE

FULL NAME OF COMPANY/CC/TRUST

COMPANY / C.C. OR TRUST REGISTRATION NUMBER

NAMES AND SURNAME OF TRUSTEES

NAME OF ESTABLISHMENT

RATE NUMBER WATER ACC NO

ELECTRICITY ACC NO

ERF DESCRIPTION

STREET NUMBER STREET NAME

SUBURB

CITY / TOWN POSTAL CODE

POSTAL ADDRESS

POSTAL CODE

CELL NUMBER (Preferred) OFFICE NO/ LANDLINE

CONTACT PERSON

E-MAIL ADDRESS

DOMICILIUM CITANDI ET EXECUTANDI

(Service address for all purpose including legal process)

POSTAL CODE

**FACILITIES ON OFFER TO GUESTS
(Mark with an X)**

Establishment	Total size of developed area	Total number of beds available to guest	Conferencing	Spa's	Other (Specify)
Bed & Breakfast					
Guest House					
Holiday Accommodation					
Other (Specify)					

DECLARATION

I, WE THE UNDERSIGNED, IN MY/OUR CAPACITY AS REGISTERED OWNER OF THE ABOVE PROPERTY* / DULY AUTHORISED REPRESENTATIVE OF THE CORPORATE ENTITY* OR TRUST* BEING THE REGISTERED OWNER OF THE ABOVE PROPERTY (*delete, where applicable)

Declare that the above property is * or isn't* my primary property on which I reside permanently and all of the information supplied is to the best of my knowledge, true and correct. (*delete, where applicable)

I/WE 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.

I/WE agree and aware that incorrect information would affect the consideration of my application/rebate renewal and that the Council has a right to cancel my rebate at any stage.

I/WE acknowledge that I/WE will be liable for any fee the Municipality may charge or any appropriate legal action as a result of incorrect information relied upon on this application/rebate renewal.

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. AND

Acknowledge that if I wilfully give information which is false in any material respect, I shall be guilty of an offence

SIGNATURE

DATE

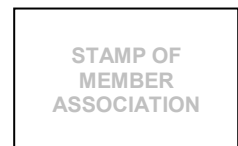
MEMBER ACCOMMODATION ASSOCIATION VERIFICATION

DECLARATION

I, the undersigned, _____, do hereby declare that the above APPLICANT is a member of the Association and all of the information supplied is to the best of my knowledge, true and correct.

SIGNATURE

DATE





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ACCOMMODATION**

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 copies of CIPC Registration Document /Constitution.

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 / Holiday Accommodation must be registered with Tourism KwaZulu-Natal, Durban Tourism and a local Community Tourism Organisation (CTO); The applicant must meet the criteria set by Durban Tourism and all membership fees or other fees payable to Durban Tourism and the CTO must be paid up to date.
- c) The Bed & Breakfast / Guesthouse / Holiday Accommodation 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 beds, 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: _____