

**YOUTH ENTERPRISE PARK (YEP) TENANT APPLICATION FORM**

1. **BUSINESS INFORMATION:**

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| **Registered Name of Business** |  |
| **Form of Business (e.g. CC, (PTY)Ltd, Cooperative, Sole Proprietorship)** |  |
| **Business Registration Number** |  |
| **Income Tax Reference Number** |  |
| **Physical Address** |  |
| **Postal Address** |  |
| **Contact Person** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Product/Service offering** |  |

1. **OWNERSHIP:**

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| **Partners/Members Name** | **ID Number** | **Gender** | **Historical disadvantaged**  **Yes/No** |
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1. **BUSINESS PROFILE:**
   1. **Brief history of the organisation/business**

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* 1. **Background of members/business partners**

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1. **MANAGEMENT CONTROL:**

Have you ever received any training concerning business activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide details of training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many employees do you have? Women\_\_\_\_\_\_\_\_\_\_\_\_Men\_\_\_\_\_\_\_\_\_\_\_\_Youth\_\_\_\_\_\_\_\_\_\_\_\_\_

Disabled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BUSINESS SUPPORT LINKAGES:**

Are you affiliated to any business forum? Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list Business Forums you are affiliated to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any service providers that support your business? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

If yes, please mention its name and how it supports your business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **BUSINESS TRADING:**

Where your business is currently situated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has your business been in operation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the value of sale in the last 12 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DECLARATION BY APPLICANT:**

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| I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT  Surname & Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/2020** |