



NAIROBI CITY COUNTY BUSINESS REGISTRATION FORM

SINGLE BUSINESS PERMIT REGISTRATION FORM

BR-1 FORM

Storage №

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			
<table border="1"><tr><td>dd</td><td>mmm</td><td>yy</td></tr></table>	dd	mmm	yy
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 Officer			
Man No.			
Stamp and Signature			
<table border="1"><tr><td>dd</td><td>mmm</td><td>yy</td></tr></table>	dd	mmm	yy
dd	mmm	yy	
Date			

PERMIT NO.	DATE
RECEIPT NO.	AMOUNT KSHS.