



NAIROBI CITY COUNTY BUSINESS REGISTRATION FORM

BR-1 FORM

Storage №

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	

<p>I certify the information registered in this form is true and accurate to the best of my knowledge</p> <p>Representative/Owner</p> <p>Signature</p> <table border="1"> <tr> <td>dd</td> <td>mmm</td> <td>yy</td> </tr> </table> <p>Date</p>	dd	mmm	yy	<p>I certify that the information given on the form reflect the true position of the business mentioned above.</p> <p>Divisional/Ward Licensing Officer</p> <p>Man No.</p> <p>Stamp and Signature</p> <table border="1"> <tr> <td>dd</td> <td>mmm</td> <td>yy</td> </tr> </table> <p>Date</p>	dd	mmm	yy
dd	mmm	yy					
dd	mmm	yy					

PERMIT NO.	DATE
RECEIPT NO.	AMOUNT KSHS.