



ETHEKWINI MUNICIPALITY
Sustainable Development & City Enterprises
Business Support Market & Durban Tourism Unit
Suite 1101, 11th Floor
75 Dr. Langalibalele Dube (Winder) Streets
Durban
4001
Tel: 031 311 4500
Fax: 031 332 6408



**GOOD FOOD AND WINE SHOW OUTDOOR THEATRE
SMME APPLICATION
FORMS**



FORMS COMPLETION PROCEDURES

- ❖ Legible applicants could be individual accredited chefs or hospitality establishments within the business of lifestyle tourism.
- ❖ SMMEs may only apply using this application form.
- ❖ All applications should be accompanied by a detailed company profile or an individual's CV and profession credibility documentation.
- ❖ Certified copy of Applicants Identification document.
- ❖ The application forms must be completed in full and approved by a designated authority within the business with their contact details.
- ❖ Contact details provided on the entry form will be used for all correspondence relating to this project and any further SMME Development.
- ❖ All applications should be returned in a sealed envelope addressed to Winile Mntungwa:
Business Support Markets & Durban Tourism Units at 11th Floor, 75 Dr. Langalibalele Dube (Winder) Streets, Durban 4001. No electronic submissions will be accepted and all applicants are required to sign a compulsory submission register in submission.

**CLOSING DATE FOR SUBMISSIONS IS 16H00, 09 December 2011
ALL ENQUIRIES BE DIRECTED TO HOPEWELL NOYINGANA:**

**E-MAIL: noyinganah@durban.gov.za
TELEPHONE 031 311 4500/ 031 3114456**

1.

| | |
|--------------------|--|
| NAME OF ENTERPRISE | |
|--------------------|--|

2 (a).

| | |
|----------------------|---|
| TYPE OF ORGANIZATION | e.g. CC, PTY LTD, Co-operative, Sole Proprietor |
| | |

2(b).

| | |
|---------------------|--|
| Registration Number | |
|---------------------|--|

3.(a) **TYPE OF ENTERPRISE**
(Tick only one appropriate) ✓

| | |
|-----------------------|--|
| Bed & Breakfast | |
| Guest House | |
| Lodges/ Self Catering | |
| Youth Hostel | |
| Hotel | |
| Restaurant | |
| Caterer | |
| Event Companies | |

3. Please provide details of any Sector **compliance Certification**

3 a) **Business License Number**

| |
|--|
| |
|--|

3 b) **Certificate of compliance (COC) from City Health department.**

| |
|--|
| |
|--|

3c) Other certification Operating permit (please specify):

1.
2.

4. **LOCATION OF BUSINESS:**

| | |
|-------------|--|
| CITY/ TOWN | |
| SURBURB | |
| WARD NUMBER | |

5. **ORGANIZATIONAL STRUCTURE:**
How many people does your business employ?

| | Male (No's) | Female (No's) |
|---------------|-------------|---------------|
| Management | | |
| Supervisory | | |
| General staff | | |

6. **TOTAL ANNUAL TURNOVER:**
(If less than year in operation a projected annual income)

| |
|--|
| |
|--|

7. TYPE OF CUISINE AND MENU ITEMS YOU OFFER:

7(a) Type of cuisines

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

7(b) Menu's

| MENU 1 | MENU 2 | MENU 3 | MENU 4 |
|--------|--------|--------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. List the business team members responsible for hospitality and their respective roles e.g. chef, waiter, etc?

| NO | TEAM MEMBER | HOSPITALITY RELATED ROLE |
|----|-------------|--------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

9. List the basic and advanced academic credentials the team has if applicable?

| NO | TEAM MEMBER | HOSPITALITY RELATED ACADEMIC CREDENTIALS |
|----|-------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

10. List the relevant business experience each team member has?

| NO | TEAM MEMBER | HOSPITALITY RELATED BUSINESS EXPERIENCE |
|----|-------------|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

11. Does the business have the required Marketing Tools? (You may mark any on the list)

| | | |
|----|------------------|--|
| a) | Website | |
| b) | Business Cards | |
| c) | Brochure | |
| d) | Business Profile | |
| e) | Business Plan | |
| f) | Logo | |
| g) | Letter head | |
| h) | Pricing Schedule | |
| i) | Other | |

11. CONTACT DETAILS:

| | |
|-------------------------------------|--|
| Contact Person – Full Name | |
| Title (Prof./Dr./Mr./Mrs./Ms/ Other | |
| Postal Address: | |
| | |
| | |
| | |
| | |
| Postal Code | |
| Physical Address of Business | |
| | |
| | |
| | |
| Postal Code | |
| Telephone Number | |
| Facsimile Number | |
| After Hours Contact Number | |
| Cellular Number | |
| E-mail Address | |
| Website | |
| | |

12. APPLICATION FORM COMPLETED BY:

| | |
|-----------------|--|
| Name | |
| E-mail Address | |
| Website Address | |

13.

| | |
|-----------------------------------|---|
| Identity Type | <input type="checkbox"/> Book Of Life (ID) <input type="checkbox"/> Passport |
| Identity Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Passport Number | |
| Passport Expiry Date (DD/MM/YYYY) | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | |

14. **FOR OFFICE USE:**

| | | |
|-------------------|-------------------------------------|--------------------------|
| DATABASE FORM | | |
| Membership No. | | |
| Application Date | | |
| Check List (Tick) | Business Profile | <input type="checkbox"/> |
| | Certified copy of ID | <input type="checkbox"/> |
| | Proof of Association/ Membership | <input type="checkbox"/> |
| | Curriculum Vitae/ CV | <input type="checkbox"/> |
| | Credibility Certification | |
| Date: | Signature: | |

I..... the owner or designated of the above mentioned enterprise has read and agreed to terms and conditions stated here-on, and have provided all the documentation required.

I agree that all the above information is the true reflection of services rendered by myself and the company I represent.

.....
Signature

.....
Date