COUNTY GOVERNMENT OF MERU

DEPARTMENT OF TRADE, TOURISM & COOPERATIVES DEVELOPMENT
Market Stalls Allocation Application Form.
IMENTI SOUTH SUB COUNTY - KANYAKINE MARKET

The County Government of Meru through the Directorate of Trade wishes to call for application for the newly constructed Stalls.

<table>
<thead>
<tr>
<th>ID. NO.</th>
<th>Name of Applicant.</th>
<th>Phone No./Email Address.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>KRA PIN. NO.</th>
<th>Date of Birth.</th>
<th>Gender: Male/Female.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County of Residence.</th>
<th>Ward of Residence.</th>
<th>Market</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Business Activity.</th>
<th>No. of Years in Business.</th>
<th>Previous Location of Business/Indicate if New Applicant.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Special group category at 30% .</th>
<th>Brief description of self.</th>
<th>Type of disability.</th>
</tr>
</thead>
</table>

RECOMMENDATION BY AREA CHIEF:
(Confirm the above and give further remarks.)

NAME OF CHIEF: ________________________________
LOCATION: ________________________________
SIGN: ________________________________

RECOMMENDATION BY WARD ADMIN:
(Confirm the above and give further remarks.)
WARD: ________________________________
SIGN: ________________________________
COSTS FOR RUNNING THE STALLS. TO ONLY THOSE WHO WIN THE ALLOCATION

<table>
<thead>
<tr>
<th>Application Fee</th>
<th>1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Payment</td>
<td>200</td>
</tr>
</tbody>
</table>

Requirements: -

1. A complete application form clearly indicating business of interest as per above table.
2. Copy of ID.
3. Copy of KRA Pin.
4. Must be a registered member of Market Development Association (MDA)
5. Proof of operation of Business (between 2013 & 2018)
6. Recent passport Photo (Applicant and operator).

I certify the information registered in this form is true and accurate to the best of my knowledge.

__________________________
Applicant

__________________________
Sign

__________________________
Date

I certify that the information given on the form reflect the true position of the applicant mentioned above.

__________________________
Chairman M-T MDA

__________________________
Sign

__________________________
Date & Stamp

(The form should be returned to the Chairman - Market Association on or before end of business 9th January, 2020 and you MUST sign the BLACK BOOK in his office and take the serial number of your application.)

(NB: - This form is not for sale.)

FOR OFFICIAL USE ONLY

This application has been received and Approved / Not Approved on date ……………………………

__________________________
Name

__________________________
Sign

__________________________
Date

DIRECTOR TRADE.