OGUN STATE GOVERNMENT

OGUN STATE MINISTRY OF ENVIRONMENT

APPLICATION FORM FOR LICENSE/PERMIT

This form must be filled by all water service providers applying for a license. The license qualifies you to be granted permits to manage water sources (Borehole/Well) and to abstract water from

TYPE OF APPLICATION

NEW ☐ REGULARIZATION OF EXISTING SERVICE ☐ RENEWAL ☐

COMPANY INFORMATION

Name _____

Address _____

Phone: _____

2. Contact name/Title phone _____

3. Types of Water/Water Related Services:(Tick as applicable)

☐ Plastic Bottled Water	☐ Breweries	☐ Fish Pond	☐ Cooling
☐ Sachet Water	☐ Residential Estate	☐ Laundry Services	☐ Agriculture
☐ Bottling Company	☐ Hotels	☐ Water sales point	☐ Equipment
☐ Beverages	☐ Hostels	☐ Public Toilets	☐ Metering
☐ Consultancy	☐ Car Wash	☐ liquor	☐ Production Process lines
☐ Others (Please Specify)			

4. Company's web address: _____

5. Did/Does the company operate under any different names now or in the past? YES ☐ NO ☐

If yes, list such name _____

6. When was the company originally established? _____

7. When did the company begin providing water services in Ogun State? _____

8. Is your company part of a group of companies? YES ☐ NO ☐

If Yes, state group name _____

9 What is the total number of employee in the company? _____

10 Has the company ever been sanctioned/disciplined by any government regulator for unethical or improper conduct?

If Yes ,please explain _____

11 Has company or any member of its Board of Director found guilty of any violation or paid any fines because of violations of govt. regulations? if Yes, please explain

12. Are you a Registered Member of any Water Services Association?(e.g ATWAP,NIWASA,MAN,NECA,AWDROP etc)

If Yes, attach Certificate

……

Association Signature/Stamp

WATER/WASTEWATER INFORMATION

12. How many water sources (Boreholes/Wells) do you have/operate?_____

13. Are your Boreholes metered?

14. Do you have permit for your boreholes? If yes, please attach copies

15. Do you have water waste/Effluent treatment Plant?

16. Do you have license/Permit for it? If YES, please attach copies

17. Have you applied for permits in the past and you were denied by the commission? YES ☐ NO ☐

If Yes, State reason for denial _____

PRODUCTS INFORMATION

18 List products produced by your Company or group of Companies.

a _____ b _____ c _____

d _____ e _____ f _____

g _____ h _____ i _____

TECHNICAL STAFF

19 List Principal Staff that would manage your water sources (Boreholes)to provide water services.

is Primary contact for client relationship

Name: _____ Title: _____

Email: _____ Designation and other credentials _____

ii List other supporting staff member and title: a. _____

b. _____ c. _____

d. _____ e. _____

FOR ESTATE/HOTELS/HOSTELS/PROPERTIES etc

20. Name of Property/Estate/Hotel/Hostels: _____

21. Location: _____ 22. Owners: _____

23. Number of Households/Units/Room etc: _____

24. OTHER ESTATE OWNED/MANAGED

NAME	ADDRESS	NUMBER OF HOUSEHOLDS/UNITS/ROOM ETC

DECLARATION

25 I _____ certify that the information supplied above are to the best of my knowledge true and are in fulfilmentof the best practices standard requirements of Ogun State Ministry of Environment.

_____ _____

Name of Applicant Signature of Applicant

FOR OFFICE USE ONLY

Prescribed fees Paid? YES ☐ NO ☐

CATEGORY OF LICENSE/PERMIT

A ☐ B ☐ C ☐ D ☐ E ☐

CHECKED BY:

NAME:

DATE:

SIGNATURE

NAME

DATE: NO

SIGNATURE