Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

---

| | |
|---|---|
| Receipt No | **: 923306212246163** |
| Received from | : HABATRINA PHARMACY |
| Amount | : 200,000.00 |
| Amount in Words | : Two Hundred Thousand TZS And Zero Cent(s) Only |
| Outstanding Balance | : 0.00 |

| **In respect of** | **Item Description(s)** | **Item Amount** |
|---|---|---|
| : *142202540317 - Application for change of premises-Location - 0* | **200,000.00** | |

**Total Billed Amount :** **200,000.00 (TZS)**

| | |
|---|---|
| Bill Reference | : 16212306230628310442 |
| Payment Control Number | **: *991620223132*** |
| Payment Date | **: 2023-11-02 13:22:11** |
| Issued by | : Zena Mango |
| Date Issued | : 2023-11-02 13:29:36 |
| Signature | : ..... |

PHARMACY COUNCIL

99162022156 83

PCF.14

# PHARMACY COUNCIL

99162022313 2

## APPLICATION FOR ALTERATION
***(Under Section 35 (1) of Pharmacy Act, 2011)***

*Registrar,*
*Pharmacy Council,*
*P.O. Box 1277,*
***Dodoma.***

**APPLICATION FOR CHANGE OF:**

1. PREMISES LOCATION [✓]
2. BUSINESS NAME [ ]
3. BUSINESS OWNERSHIP [ ]

**SECTION A: APPLICANT CURRENT INFORMATION:**

NAME OF PREMISES: HABATRINA PHARM PIN 010 2389

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. ..... Street: MIEMBE SABA Ward KONGOWE

District/Municipal KIBAHA TC Region: PWANI

POSTAL ADDRESS: 30435 Kibaha, Pwani Contact. No. 0712464880

E-mail: Habatrina@gmail.com

**OWNERSHIP:**

Directors (Names): 1. JUSTINA Lukumay Qualification: BUSINESSMAN

2. ..... Qualification: .....

3. ..... Qualification: .....

**SUPERINTENDANT INFORMATION:**

Full Name: DEODATUS I. NJOKOMAY PIN: 010 3123

Residential Address: ..... Tel: 0682-440615 Email: d.njoromoh@gmail.com

Contract commencement date: 30 June 2023 Cessation date 30 June 2024

**SECTION B: PROPOSED CHANGES:**

NAME OF THE NEW PREMISES: HABATRINA PHARMACY

TYPE OF BUSINESS: Retail Pharmacy [✓] Wholesale Pharmacy [ ] Warehouse [ ]

PHYSICAL ADDRESS:

Plot No. ..... Street MSIGANI Ward MSIGANI

District/Municipal UBUNGO Region DAR-ES-SALAAM.

POSTAL ADDRESS: 30435 Kibaha-Pwani CONTACT. No. 0712464880

**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. ..... Qualification: .....
2. .....Qualification: .....
3. ..... Qualification: .....

**SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)**

Full Name: .....PIN:.....

Residential Address: .....Tel: .....Email: .....

Contract commencement date: ..... Cessation date .....

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

1. Business difficulty.
2. .....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: JUSTINA Lukumay

(Contact/email if different from the above)

Address: 30435 - Kibaha Tel: 0712464880 E-mail: habafina@gmail.com

Signature of Applicant J.Lukumay Date 2/11/2023

**SECTION E: APPLICANT DECLARATION**

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant J.Lukumay Date 2/11/2023.

**SECTION F: REQUIRED ATTACHMENT**

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

# TAX CLEARANCE CERTIFICATE

*(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)*

Licencing Authority; TIN : 133-591-451
HALMASHAURI YA MANISPAA YA UBUNGO
KIBAMBA
55068
DAR ES SALAAM

Tax Certificate Number: **131-0183-5196**

Issuing Office: Kinondoni
Telephone: 022-2771841
Date of issue: 18 October 2023
Expiry Date: 31 December 2023

| | | | |
|---|---|---|---|
| Taxpayer Name | **JUSTINA JAMES LUKUMAY** | | |
| Trading Name | **HABATRINA PHARMACY** | | |
| Taxpayer Identification Number | **101-805-751** | Vat Registration Number | |
| Company Registration Number | | | |

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : CHAKE,
STREET : Msigani

This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

| | |
|---|---|
| 1 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores |

**Michael T. Muhoja**
**COMMISSIONER FOR DOMESTIC REVENUE**
18 October 2023

**Disclaimer :**

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

# PHARMACY COUNCIL

# PREMISES REGISTRATION CERTIFICATE

*Made under Section 34 (1) of the Pharmacy Act Cap.311*

***FIN: 0102389***

This is to certify that the premises owned by M/S ***Habatrina Pharmacy*** of ***P.O.Box 30435, Pwani*** located at ***Miembe Saba Street, Kongowe, Kibaha Mji*** Municipality/District in ***Pwani*** Region has been registered for ***Retail Only*** to sell pharmaceutical and related products with Facility Identification Number (FIN) ***0102389***

Issued in: ***November 2022***

Expires on: ***30 June 2027***

**29-11-2022**

***DATE:***

***SIGNATURE OF REGISTRAR AND STAMP***

Registrar
Pharmacy Council
P. O. Box 1277
Dodoma

**CONDITIONS**

1. *The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered premises*
2. *This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed*
3. *Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council*
4. *This certificate is non transferable to other premises or to any other person*
5. *Both certificate and business permit shall be displayed conspicuously in the registered premises*

# MKATABA WA MAKAZI ( PANGO )

Mimi Benson Vitus Chengula ..... nampangisha Justina James Lukumay eneo la makazi ( pango ) lililopo eneo la Mbezi Msigani Chama . Nyumba no. 02 amelipia kiasi cha Tshs 100,000 kwa mwezi na jumla tsh 600,000/= kwa miezi/ mwaka 6 kwa hiyo kuanzia leo tarehe 01/10/2023.. Na mtambua 01/03/2024 Justina Lukumay kua ni mpangaji wangu.

## MASHARTI

> Mpangaji anatakiwa kulipa kodi ya serikali kwa mujibu wa sheria za kodi za serikali.

> Mpanagaji haruhusiwi kumpangisha mtu mwingine au kukabidhi nyumba /chumba kwa mtu yeyote bila idhini ya mwenye nyumba .

>Mpangaji anatakiwa kusimamia mazingira pamoja na usafi wote wa eneo pamoja na nyumba/chumba anachoishi.

> Ukitaka kuongeza mkataba toa tarifa mwezi mmoja kabla ya mkataba wako kuisha muda wake.

> Uharibifu wowote utakaojitokeza wa rasilimali mpangaji atahusika moja kwa moja.

> kuvunjwa kwa mkataba huu hauta rudisha kodi kwa mpangaji ikiwa yeye ndiye atakua ameuvunja au kuusitisha.

## MAKUBALIANO NA SAHIHI

Mwenye Nyumba ..... BENSON V. CHENGULA .....

Sahihi .....

Jina la shahidi wa mwenye nyumba ..... Elizabeth Michael .....

sahihi .....

Tarehe ..... 29/09/2023 .....

Mpangaji ..... Justina James Lukumay .....

Sahihi ..... Saiteu. .....

Jina la shahidi wa mpangaji ..... Happyness James .....

Sahihi .....

Tarehe ..... 29/09/2023 .....

## Mbele ya Wakili

Jina ..... LILIAN WILLIAM .....

Cheo ..... WAKILI .....

Anuani ..... 3072 .....

Sahihi .....

LILIAN WILLIAM ADVOCATE NOTARY PUBLIC & COMMISSIONER FOR OATHS P.O. Box DAR ES SALAAM

CTIN: 1162165

# TANZANIA REVENUE AUTHORITY

## CERTIFICATE OF REGISTRATION
## FOR
## TAXPAYER IDENTIFICATION NUMBER (TIN)

(ISSUED UNDER SECTION 23 OF THE TAX ADMINISTRATION ACT 2015)

## THIS IS TO CERTIFY THAT

**JUSTINA JAMES LUKUMAY**

HAS BEEN REGISTERED WITH THE TANZANIA REVENUE AUTHORITY
T/A HABATRINA PHARMACY
AND ASSIGNED THE TAXPAYER IDENTIFICATION NUMBER

**101-805-751**

WITH EFFECT FROM: **08 APRIL 2003**

TRA LOCATION: **KINONDONI** TAX OFFICE: **KIMARA**

PHYSICAL LOCATION: **PLOT No. 0 BLOCK No. 0**

STREET / AREA: **MSIGANI**

HERBERT M.T KABYEMELA
**COMMISSIONER FOR DOMESTIC REVENUE**

NOTE: THE REQUIREMENTS UNDER WHICH THIS CERTIFICATE IS ISSUED ARE STATED OVERLEAF

Form 5

TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

No. 501020

# Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **HABATRINA PHARMACY** this **4th** day of **OCTOBER** year **2021** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **501020** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this **4th** day of **OCTOBER TWO THOUSAND AND TWENTY ONE**.

REGISTRAR OF BUSINESS NAMES *TANZANIA*

*Deputy Registrar Business Names*

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.

Form 21

# TANZANIA

BRELA
BUSINESS REGISTRATIONS AND LICENSING AGENCY

**Extract date and time:** 04/10/2021 09:46:16
**Registration date and time:** 04/10/2021 09:45:56

The Business Names (Registration) Act (Cap 213)

# Extract from Register

| | | |
|---|---|---|
| 1. | **Name of Business:** | **HABATRINA PHARMACY** |
| 2. | **Registration number:** | **501020** |
| 3. | **Principale Place of Business:** | Region Pwani, District Kibaha CBD, Ward Kongowe, Postal code 61108, Miembesaba Street near Miembesaba Primary & Secondary School |
| 4. | **Contacts:** | Email habatrina@gmail.com, Phone 255763444458, P.O.Box 30402 |
| 5. | **Business activity:** | 4772 - Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores<br>8620 - Medical and dental practice activities<br>4789 - Retail sale via stalls and markets of other goods<br>2100 - Manufacture of pharmaceuticals, medicinal chemical and botanical products |
| 6. | **Propriator/Partners:** | JUSTINA JAMES LUKUMAY |
| 7. | **Authorized to Operate Bank Account etc:** | JUSTINA JAMES LUKUMAY |

REGISTRAR OF BUSINESS NAMES *TANZANIA*

*Deputy Registrar Business Names*

Information printed from the Register of Business Names is true and complete as per extract generation date and time. Please be advised to refer to the Online Registration System at BRELA (ors.brela.go.tz) for an up-to-date information regarding given Business Name.

JAMHURI YA MUUNGANO WA TANZANIA

# KITAMBULISHO CHA TAIFA

THE UNITED REPUBLIC OF TANZANIA

## CITIZEN IDENTITY CARD

**19680828-61108-00002-13**

JINA : **JUSTINA JAMES**
*Given Name*

JINA LA MWISHO : **LUKUMAY**
*Last Name*

TAREHE YA KUZALIWA : **28 AUG 1968**
*Date of Birth*

JINSI : **F**
*Sex*

SAINI:
*Signature*

MWISHO WA MATUMIZI : **16 JUN 2026**
*Expiry Date*

THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19680828611080000213

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukifanyia mabadiliko ya aina yeyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tempered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

DIRECTOR GENERAL
NATIONAL IDENTIFICATION AUTHORITY

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

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| | |
|---|---|
| Receipt No | **: 923241198846128** |
| Received from | : HABATRINA PHARMACY |
| Amount | : 100,000.00 |
| Amount in Words | : One Hundred Thousand TZS And Zero Cent(s) Only |
| Outstanding Balance | : 0.00 |

| **In respect of** | **Item Description(s)** | **Item Amount** |
|---|---|---|
| : *142201270421 - Inspection of Premises - 0* | **100,000.00** | |
| | **Total Billed Amount :** | **100,000.00 (TZS)** |

| | |
|---|---|
| Bill Reference | : 16213241230959656837 |
| Payment Control Number | **: *991620214529*** |
| Payment Date | **: 2023-08-29 14:30:24** |
| Issued by | : Zena Mango |
| Date Issued | : 2023-11-02 14:04:11 |
| Signature | :..... |

PHARMACY COUNCIL

Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

---

| | |
|---|---|
| Receipt No | **: 923241198846128** |
| Received from | : HABATRINA PHARMACY |
| Amount | : 100,000.00 |
| Amount in Words | : One Hundred Thousand TZS And Zero Cent(s) Only |
| Outstanding Balance | : 0.00 |

| **In respect of** | **Item Description(s)** | **Item Amount** |
|---|---|---|
| : *142201270421 - Inspection of Premises - 0* | **100,000.00** | |
| | **Total Billed Amount :** | **100,000.00 (TZS)** |

| | |
|---|---|
| Bill Reference | : 16213241230959656837 |
| Payment Control Number | **: *991620214529*** |
| Payment Date | **: 2023-08-29 14:30:24** |
| Issued by | : Zena Mango |
| Date Issued | : 2023-08-29 15:04:52 |
| Signature | : ..... |

PHARMACY COUNCIL

99162021 4529

PCF 5(a)

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

# APPLICATION FORM FOR APPROVAL OF LOCATION OF PREMISES

*(Made under Regulation 3(2) of the Pharmacy (Premises Registration) Regulations GN.269, 2020)*

**SECTION A: APPLICANT INFORMATION**

1. Name of Applicant JUSTINA JAMES LUKUMAY
2. Physical Address of the Applicant MIEMBESABA - KIBAHA
3. Contacts **(mobile phone)** 0712 464880 / 0752 931896
4. Email address (if any) _____

**SECTION B: INFORMATION OF THE PROPOSED AREA (FILL SPACE CORRECTLY)**

5. Physical address of the proposed location. Street MSIGANI Plot No. _____
   Ward MBERI District UBUNGO Region DAR ES SALAAM
6. Name and distance from the **Public Health Facility** in meters _____
7. Name and distance from the nearby outlets **(Pharmacy)** in meters _____
8. Name and distance from the unsuitable areas **(Fuel station, Bar, Damp, laboratory)** in meters _____
9. Proposed Business Name (BRELA Certificates if any) HABATRINA PHARMACY
10. Type of Business: **-A. Retail B. Wholesale C. Storage Facilities D. Any other (mention)** A.

**SECTION C: DECLARATION**

I/We declare that the information given above are true and correct, knowing that it is an offence to produce documents/tender false information to public office.

**Name and Signature of the Applicant** 29/08/2023 **Date of Application**

**SECTION D: FOR OFFICIAL USE ONLY.**

**Accounts Section**

Total fee paid _____ Received date _____

Pay slip/Receipt No. _____ Signature _____

**Inspection Section**

I/We inspected the area/building of the proposed premises on (date) _____ and I/We have found that the said premises location **does not/does** meet the required standards.

**Reasons for rejection** _____

**Name, Signature of Inspector (1)** _____ **Name, Signature of Inspector (2)** _____

# JAMHURI YA MUUNGANO WA TANZANIA

# WIZARA YA AFYA

1st Inspection

# BARAZA LA FAMASI

## FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA

## (KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)

*(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020*

**(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)**

## SEHEMU A: TAARIFA ZA MWOMBAJI

1. Jina la Mwombaji: JUSTINA LYKUMAY
2. Anwani ya Makazi ya Mwombaji: MBEZI MSIGANI
3. Mawasiliano **(Simu):** 0712764780
4. Jina la Biashara linalopendekezwa: HABAIRINA PHARMACY
5. Aina ya Biashara: Rejareja

## SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA

**SEHEMU 1: Kigezo cha umbali**

| | Kigezo<br>Jina na umbali kutoka; | Jina la jengo/kituo/eneo | Umbali (Mita) |
|---|---|---|---|
| a) | i) Famasi ya Rejareja | REU PHARMACY | 560M |
| | ii) Famasi ya Jumla | | |
| | iii) Famasi ya Jumla na Rejareja | | |
| b) | Maabara ya afya iliyo karibu | | |
| c) | Kituo cha kutolea huduma za afya cha umma kilicho karibu | | |
| d) | Majengo/maeneo yasiyofaa au hatarishi | | |

**SEHEMU 2: Ukubwa wa jengo**

| | Kigezo | Kipimo katika Mita (M) | Eneo la jengo (LxW) |
|---|---|---|---|
| a) | Urefu (L) | 5.2 | 30.16m² |
| b) | Upana (W) | 5.8 | |
| c) | Kimo (H) | 2.5 | |

## SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI

Jengo lina Ukubwa wa mita za mraba
Jengo lipo umbali wa mita kutoka

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

**Kumbuka:**

***Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.***

## SEHEMU D: MAPENDEKEZO

Endelea na matengenezo kufikia viwango vya famasi ya rejareja
- Utekelezaji wa Sheria Baraza lawa ukaguzi wa pili ndani ya miezi sita

## SEHEMU E: TAMKO LA MKAGUZI

### Mkaguzi wa kwanza:

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

| Na | Jina la Mkaguzi | Cheo/Wadhifa | Sahihi |
|---|---|---|---|
| 1 | Erick Botany | MKAGUZI | |
| 2 | ANNA MALLYA | MKAGUZI | |
| 3 | | | |

## SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) SALVIUS ABDON MWANYIKA

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

**Saini ya Mmiliki/Mwakilishi**

04/09/2023
**Tarehe**

1ST & 2ND INSPECTION

PCF.5(b)

# JAMHURI YA MUUNGANO WA TANZANIA

## WIZARA YA AFYA

## BARAZA LA FAMASI

**FOMU YA UKAGUZI WA AWALI WA ENEO/MAJENGO MAPYA**

**(KWA FAMASI ZA JAMII, JUMLA NA MAGHALA)**

*(Imetengenezwa chini ya Kanuni ya 4 na 5 ya Kanuni za Famasi (Usajili wa Majengo) Tangazo la serikali Na.269, 2020*

**(JAZA SEHEMU ZOTE KWA HERUFI KUBWA)**

**SEHEMU A: TAARIFA ZA MWOMBAJI**

1. Jina la Mwombaji: YUSTINA LUKUMAY
2. Anwani ya Makazi ya Mwombaji: MALAMBAMAWILI
3. Mawasiliano (Simu): 0763444458
4. Jina la Biashara linalopendekezwa: HABATRINA PHARMACY REJAREJA
5. Aina ya Biashara:

**SEHEMU B: UHAKIKI WA TAARIFA ZA ENEO LINALOPENDEKEZWA**

**SEHEMU 1: Kigezo cha umbali**

| | Kigezo<br>Jina na umbali kutoka; | Jina la jengo/kituo/eneo | Umbali (Mita) |
|---|---|---|---|
| a) | i) Famasi ya Rejareja | REU PHARMACY | 560M |
| | ii) Famasi ya Jumla | | |
| | iii) Famasi ya Jumla na Rejareja | | |
| b) | Maabara ya afya iliyo karibu | | |
| c) | Kituo cha kutolea huduma za afya cha umma kilicho karibu | | |
| d) | Majengo/maeneo yasiyofaa au hatarishi | | |

**SEHEMU 2: Ukubwa wa jengo**

| | Kigezo | Kipimo katika Mita (M) | Eneo la jengo (LxW) |
|---|---|---|---|
| a) | Urefu (L) | 5.8M | 29.5M² |
| b) | Upana (W) | 5.1M | |
| c) | Kimo (H) | 2.5M | |

**SEHEMU C: MATOKEO YA JUMLA YA UKAGUZI**

- FREMU INA UKUBWA WA TAKRIBANI MITA ZA MRABA 29.5 (29.5M²). IPO KATIKA JENGO LA BBC PLAZA.
- AMEFANYA UKARABATI KUFIKIA VIGEZO VYA FAMASI YA REJAREJA.

(Zingatio: *Ukubwa wa jengo haupaswi kuwa chini ya 30m² kwa famasi ya rejareja, chini ya 60m² kwa famasi ya jumla, umbali kutoka famasi ya rejareja hadi nyingine usiwe chini ya 150m na umbali kutoka kwa maabara na majengo yasiyofaa au hatarishi usiwe chini ya 50m)*

**Kumbuka:**

***Majengo yasiyofaa au hatarishi maana yake ni majengo au shughuli zinazotoa uchafu wa vitu vya kuchukiza kama vile harufu mbaya za mafuta, vichafuzi, mifereji ya maji taka, vituo vya petroli, biashara ya rejareja inayotoa vileo (baa), maeneo yenye mafuriko, maabara ya matibabu au sehemu nyingine yoyote kama Baraza linavyoona kutangaza kutofaa kwa biashara ya duka la dawa kufanywa katika eneo hilo.***

## SEHEMU D: MAPENDEKEZO

- AMEKAMILISHA UKARABATI KUFIKIA VIGEZO VYA FAMASI YA REJAREJA.
- TUNAPENDEKEZA OFISI YA MAJI IMFIKIRIE KUMPATIA VIBALI BAADA YA KUWASILISHA MAOMBI BARAZA LA FAMASI.

## SEHEMU E: TAMKO LA MKAGUZI

**Mkaguzi wa kwanza:**

Tunatamka kwamba, taarifa zilizotolewa hapa ni za kweli na sahihi kwa kadiri tunavyofahamu, pia tunafahamu kwamba iwapo itathibitishwa na Baraza kwamba taarifa tulizotoa ni za udanganyifu au zinatokana na taarifa zisizothibitishwa ipasavyo, tunaweza kuchukuliwa hatua kwa mujibu wa sheria na kanuni husika.

Jina la Mkaguzi

| Na | Jina la Mkaguzi | Cheo/Wadhifa | Sahihi |
|---|---|---|---|
| 1 | BRUCE BOCANZU | MKAGUZI | |
| 2 | ANNA MALIYA | MKAGUZI | |
| 3 | | | |

## SEHEMU F: UTHIBITISHO WA MMILIKI/MWAKILISHI

Mimi (Jina kamili la Mmiliki/Mwakilishi) HAPPYNESS JAMES

Nathibitisha kuwa eneo/jengo/langu lililopendekezwa limekaguliwa na wakaguzi waliotajwa hapo juu na ninakubaliana na matokeo ya ukaguzi na maelezo yaliyotolewa.

Saini ya Mmiliki/Mwakilishi

04/10/2023
Tarehe