

# **PUBLIC HEALTH PERMIT**

Person in charge:  
**DEBORAH GOATCHER**

Name of business/institution:  
**RAINBOW NURSERY SCHOOL**

Physical Business Address  
**STAND 984: 5 BEN RHYDDING PLACE: BEDFORDVIEW**

Identity Number  
**700928 0078 084**

Specify the type as per list in Part A of Schedule 2  
**CHILD CARE SERVICES**

## **Certification**

It is hereby certified that this premises complies with the provisions of chapter(s) 10 of the EKURHULENI METROPOLITAN MUNICIPALITY PUBLIC HEALTH BY-LAWS, Local Authority Notice 1908 of 27 November 2009. This Public Health Permit is issued subject to the following conditions:

Conditions in terms of Section 12(3)(a)

**None**

Exemptions in terms of Section 12(3)(b)

**None**

Specified Objects, measures or materials in terms of Section 12(3)(c)

**None**



**MRS LERATO SEOKANE**  
Environmental Health Practitioner  
Practice Number: HI0048593



**MR. J.S. CHAKA**  
Divisional Head: Environmental Health

This certificate is not transferable and may be withdrawn at any stage. It is also issued subject to compliance with requirements from other Departments. Applies only to the premises specified.

Date issued: 2017/10/12

