

# Winnie Madikizela-Mandela Local Municipality

Physical Address  
51 Winnie Madikizela  
Mandela Street  
Postal Address  
P O Box 12  
Bizana



Office of the Municipal  
Manager  
Tel: 039 251 0230  
Fax: 039 251 0917  
[lmahlaka@mbizana.gov.za](mailto:lmahlaka@mbizana.gov.za)

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## NOTICE NO: DP/LED HAWKERS CAPACITATION AND SUPPORT 2025/26

Winnie Madikizela-Mandela Local Municipality Local Economic Development is inviting Hawkers to apply for the Capacitation and Support. The program is developed specifically for Hawker's.

### Selection Criteria:

1. Municipal Trading Permit
2. The business must be in operation for at least 2 years
3. The business must be owned by a Winnie Madikizela Mandela Local Municipality Resident
4. Vulnerable groups (Women, Youth and People with Disability) are encouraged to apply

### How to apply

1. Completed and signed application form
2. The form should be submitted with: **Municipal Trading Permit, Identification document and Proof of residence**
3. **NB: All selected applicants will be visited for verification and assessment.**

Application forms will be available at the LED offices, councilors and municipal website. **Advertised on the 21<sup>st</sup> July 2025 and closed not later than 08<sup>th</sup> August 2025 at 12H00.** Applications must be submitted at Winnie Madikizela-Mandela Local Municipality LED offices

All enquiries may be referred to Mr. B Hlangabezo: LED Manager @ 039 251 0230/ [hlangabezob@mbizana.gov.za](mailto:hlangabezob@mbizana.gov.za)



MR. L MAHLAKA  
MUNICIPAL MANAGER

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*Vision: A vibrant socio economic growing municipality that creates sustainable communities with equal opportunity for all.*

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## APPLICATION FORM FOR HAWKER'S CAPACITATION AND SUPPORT 2025/2026

### 1. Business Details

Name of the business	
Physical Address of the Business	
Municipal trading permit no	

### 2. Ownerships details

Name		Surname	
Id No		Gender	
Contact No		Alt Contact number	
Physical Address			
Disability(y/n):	Youth(Y/N):	WMMLM Resident(Y/N):	

### 3. Company Details

The date or year the business in operation	
Product being sold	
Proof of resident	
Owners highest qualification	

### 4. Business needs (Summary)

The need	Estimated cost
1.	
2.	
3.	

\_\_\_\_\_  
Initials and Surname

\_\_\_\_\_  
position

For office use

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials and Surname

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

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