

Application Reference No.: _____ (For Official Use)



OFFICE OF THE COUNTY EXECUTIVE
COUNTY GOVERNMENT OF KIAMBU
DEPARTMENT OF ROADS, TRANSPORT, PUBLIC WORKS AND UTILITIES
P.O Box 2344-00900 Kiambu, Kenya

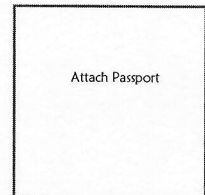
Tel: +254709877000 Email: info@kiambu.go.ke Website: www.kiambu.go.ke Twitter:
@KiambuCountyGov

APPLICATION FORM FOR ALLOCATION OF A MODERN KIOSK

Date of Application: ____ / ____ / ____

Attach Passport Size Photo

(Recent passport photograph, if applicable)

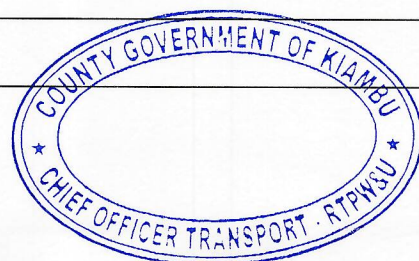


PART A: APPLICANT DETAILS

1. Full Name/ Group Name: _____
2. National ID/Passport No./Group registration number _____
3. Date of Birth/ Registration: ____ / ____ / ____
4. Gender: ☐ Male ☐ Female ☐ Other
5. KRA PIN: _____
6. Mobile Phone No.: _____
7. Alternative Phone No.: _____
8. Email Address (if any): _____

PART B: RESIDENTIAL INFORMATION

1. Physical Address/Village: _____
2. Ward: _____
3. Location/Sub-location: _____
4. Sub-County: _____



5. Have you been a resident of this area for at least Four (4) years?

☐ Yes ☐ No

If Yes, indicate the number of years: _____

PART C: KIOSK PREFERENCE

Preferred Kiosk Location

- ☐ Kabete
- ☐ Banana
- ☐ Githiga
- ☐ Kiambu
- ☐ Kwambira
- ☐ Kikuyu
- ☐ Makongeni

PART D: BUSINESS INFORMATION

1. Intended Business Activity

- ☐ Grocery
- ☐ Fruit & Vegetables
- ☐ Salon/Barbershop
- ☐ Mobile Phone/ Stationeries/ Cyber & Accessories
- ☐ General Retail Shop
- ☐ Tailoring/ Clothes & *Malimali*
- ☐ M-Pesa/Agency Banking
- ☐ Other (Specify): _____

2. Do you currently operate a business?

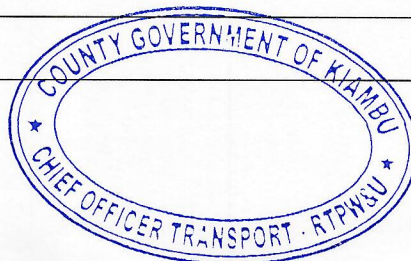
☐ Yes ☐ No

If Yes:

Business Name: _____

Current Business Location: _____

Years in Operation: _____



PART E: SPECIAL CONSIDERATION

Are you applying under any of the following categories? (Tick one)

- ☐ Youth (18–35 years)
- ☐ Woman
- ☐ Person with Disability (PWD)
- ☐ SACCO/Groups
- ☐ None

PART F: SUPPORTING DOCUMENTS

Please attach copies of the following:

- ☐ National ID/ Group/ Sacco Registration Certificate
- ☐ KRA PIN Certificate
- ☐ Proof of Residence (Area Chief's Letter/Utility Bill/Tenancy Agreement)
- ☐ Business Permit (if applicable)
- ☐ Valid NCPWD Certificate of Disability (if applicable)
- ☐ Any Other Supporting Documents

NB: Attached Documents should be Certified by a Commissioner of Oaths as True Copies of the Originals

PART G: DECLARATION

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information shall lead to automatic disqualification or cancellation of any allocation made.

Name: _____

Signature: _____ Date: ____ / ____ / ____

(The application forms should be dropped at Kiambu County Government Offices in Red Nova 4th floor Chief Officer Transport Office & Municipal Managers Offices in duplicate by 16th September, 2026, clearly indicating the Kiosks Location Applied For on the Sealed Envelope)



FOR OFFICIAL USE ONLY

Application No.: _____

Date Received: _____

Receiving Officer: _____

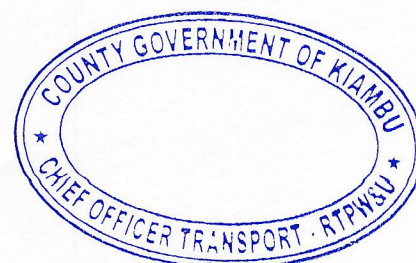
Signature: _____

ELIGIBILITY CHECKLIST

Requirement	Yes	No
Application Form Complete	☐	☐
National ID Attached (if applicable)	☐	☐
Proof of Residence Attached	☐	☐
KRA PIN Attached	☐	☐
Passport Photo Attached (if applicable)	☐	☐
Supporting Documents Verified	☐	☐
Single Business permit (if applicable)	☐	☐
Certificate of Disability (if applicable)	☐	☐
Special group registration certificate/Sacco registration (if applicable)	☐	☐

EVALUATION for Youth (For Committee Use Only)

Criterion	Maximum Score	Score Awarded
Residency within the locality	45	
Business viability	20	
Special Interest Group/Others- relevant documents (Certificate)	15	
Completeness of documentation	20	
Interview (if applicable)		
TOTAL	100	



EVALUATION for PWD (For Committee Use Only)

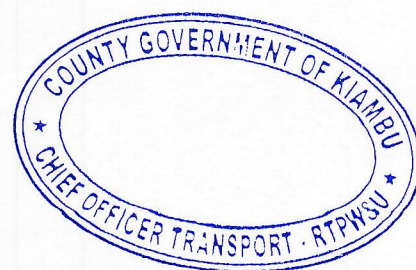
Criterion	Maximum Score	Score Awarded
Residency within the locality	45	
Business viability	20	
Special Interest Group Certificate	15	
Previous business experience	10	
Completeness of documentation	10	
Interview (if applicable)		
TOTAL	100	

EVALUATION for SACCO/Group (For Committee Use Only)

Criterion	Maximum Score	Score Awarded
Residency within the locality	40	
Business viability	20	
Special Interest Group Certificate	15	
Previous business experience	15	
Completeness of documentation	10	
Interview (if applicable)		
TOTAL	100	

EVALUATION for Women (For Committee Use Only)

Criterion	Maximum Score	Score Awarded
Residency within the locality	35	
Business viability	30	
Special Interest Group /Others- relevant documents (Certificate)	15	
Previous business experience	10	
Completeness of documentation	20	
TOTAL	100	



EVALUATION for Others (For Committee Use Only)

Criterion	Maximum Score	Score Awarded
Residency within the locality	40	
Business viability	30	
Previous business experience	15	
Completeness of documentation	15	
TOTAL	100	

NB: Pass Mark for Approval shall be 80%

Committee Remarks:

Recommendation:

- ☐ Approved
- ☐ Waitlisted
- ☐ Not Approved

Technical Committee Member: _____

Signature: _____ Date: ____ / ____ / ____

Technical Committee Member: _____

Signature: _____ Date: ____ / ____ / ____

Technical Committee Member: _____

Signature: _____ Date: ____ / ____ / ____

