



APPLICATION REFERENCE NUMBER **GLB6000005 - - 2**

DOCUMENT FORMALITIES

Application Type

License Type

Applicant Natural Person Non-Natural Person (Trust, Company, Partnership or Close Corporation)

SECTION O

Application submitted by:

I am the applicant OR I am, a consultant / agent, submitting on behalf of the applicant

First Name Surname

Second Name Street Number

Street Name Suburb

City Code

Mobile Phone Land Line

Email Address

LICENSE COST

AMOUNT

PAYMENT DUE

AMOUNT

SAMPLE

SECTION 1 - APPLICANT DETAILS

No.	LIQUOR LICENCE APPLICATION REQUIREMENT	INPUT
1.1	Name of Business	
	Surname of Applicant	N/A
1.2	Age of the Applicant	0
1.3	Company Registration Number	
1.4	Residential Address or Registered Office Address	
	Street Number	
	Street Name	
	Suburb	
	City	Gauteng



1.5	P.O. Box Number	
	Postal Code	
1.6	Business Telephone Number	
1.7	Email Address	
1.8	Cellphone Number	
1.9	Physical Address of the premises for which the liquor permit is required	
	Street Number	
	Street Name	
	Suburb	
	City	
	ERF Number	

SECTION 2 - APPLICANT ENVIRONMENT

IS THE APPLICANT A PERSON WHO:

SAMPLE

No.	LIQUOR LICENCE APPLICATION REQUIREMENT	INPUT
2.1	has in the Republic or elsewhere in the preceding five years been convicted and sentenced for any offence of imprisonment without the option of a fine.	<input type="radio"/> YES <input checked="" type="radio"/> NO
2.2	has in the preceding five years been convicted of an offence in terms of The Gauteng Liquor ACT, 2003 (Act Number 2 of 2003 or the Liquor ACT, 1989 (ACT number 27 of 1989) and was sentenced to a fine of not less than R 200-00 or to imprisonment without the option of a fine or both imprisonment and a fine ?	<input type="radio"/> YES <input checked="" type="radio"/> NO
2.3	is not domiciled in the Republic?	<input type="radio"/> YES <input checked="" type="radio"/> NO
2.4	is an unrehabilitated insolvent ?	<input type="radio"/> YES <input checked="" type="radio"/> NO
2.5	is a minor ?	<input type="radio"/> YES <input checked="" type="radio"/> NO
2.6	is the spouse of a person contemplated in questions (2.1), (2.2), or (2.4) ?	<input type="radio"/> YES <input checked="" type="radio"/> NO

THE APPLICANT IS A COMPANY, CLOSED CORPORATION, PARTNERSHIP OR TRUST, STATE WHETHER THE PERSON CONTEMPLATED IN QUESTIONS 2.1 - 2.6:-

No.	LIQUOR LICENCE APPLICATION REQUIREMENT	INPUT
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2.7	has a controlling interest in such a company, closed corporation or trust ?	<input checked="" type="radio"/> YES <input type="radio"/> NO
info	Furnish full details relating to the positive affirmation of the above statement:	
2.8	is a partner in such a partnership ?	<input checked="" type="radio"/> YES <input type="radio"/> NO
info	Furnish full details relating to the positive affirmation of the above statement:	
2.9	is the main beneficiary under such a trust ?	<input type="radio"/> YES <input checked="" type="radio"/> NO

SECTION 3 - GENERAL DETAILS

No.	LIQUOR LICENCE APPLICATION REQUIREMENT	INPUT												
3.1	State the name, identity number and address of each person, including the applicant, who will have any financial interest in the business and in each case the nature of such interest . If the applicant is a public company, statutory institution or a cooperative as contemplated in the cooperatives ACT, 1981(ACT number 91 of 1981),it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of such director (or any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and individuals also the interests of individual members of such company statutory institution or co-operative. <u>INPUT TABLE FOLLOWS</u>													
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Surname</th> <th>Identity Number</th> <th>Address</th> <th>Nature Of Interest / Notes</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name	Surname	Identity Number	Address	Nature Of Interest / Notes	1)						
	Name	Surname	Identity Number	Address	Nature Of Interest / Notes									
1)														
3.2	State the applicants financial interest in the liquor trade in the Republic and if the applicant is a private company, closed corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary there under. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact shall be specifically mentioned).													
3.3	In the case of an application for a liquor store licence, sorghum beer for off-consumption or micro manufacturer's licence is the applicant a manufacturer of liquor or the agent.	<input type="radio"/> YES <input checked="" type="radio"/> NO												



No.	LIQUOR LICENCE APPLICATION REQUIREMENT	INPUT
4	State type of liquor applicant intends selling	All Types of Liquor and Liquor Related Products Usually Sold in a Bottle Store / Liquor Store
In the case of an application for a micro-manufacturer's licence :-		
5.1	Is the applicant a person who manufactures fermented beverages ?	<input type="radio"/> YES <input checked="" type="radio"/> NO
5.2	State the volume of liquor produced or the volume of liquor intended to be produced by the applicant per year.	0 - 500 liters
5.3	Describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number	ERF <input type="text"/> Street <input type="text"/> Farm number <input type="text"/>
6	In the case of an application for a sorghum beer license, state whether it is intended to sell beer for on consumption or off consumption	<input type="radio"/> On Consumption <input checked="" type="radio"/> Off Consumption
7	Under what name is the business to be conducted?	eLiquor Express New Redruth
8	In which region are the premises situated ?	<input type="text"/>
9	Will the applicant have the right to occupy the premises referred to in question 8 ?	<input checked="" type="radio"/> YES <input type="radio"/> NO
10	In the case of an on consumption license state in which portion of the premises the sale of liquor will take place.	NOT APPLICABLE AS PER ANSWER TO QUESTION 6
11.1	Is the application made in respect of premises which has not yet been erected ?	<input type="radio"/> YES <input checked="" type="radio"/> NO
11.2	Are the premises already erected but require additions or alterations in order to make them suitable for the purpose of the proposed business ?	<input type="radio"/> YES <input checked="" type="radio"/> NO
11.3	Are the premises already erected and in the applicant's opinion do not require additions to or alterations in order to make them suitable for such purpose ?	<input checked="" type="radio"/> YES <input type="radio"/> NO

SAMPLE



12	Is an application made for any determination, consent, approval or authority which could be granted by the board?	<input checked="" type="radio"/> YES <input type="radio"/> NO
info	Furnish full details relating to the positive affirmation of the above statement:	Application made for Off-Consumption Liquor License for Consideration of the Liquor Board or Liquor Authority
13	In the case of an application for a club liquor license, please accompany this document with a copy of the constitution or rules of the club. Are you applying for a club liquor license ?	<input type="radio"/> YES <input checked="" type="radio"/> NO

SAMPLE



SECTION 4 - Declaration *(pen-to-paper only section)*

I declare or truly affirm that the information contained in this application is true.

Signature of Applicant
or Authorized Person

Date

SECTION 5 - Commissioner Of Oaths *(pen-to-paper only section)*

I certify that this declaration has been signed and sworn to or affirmed before me by the applicant or an authorised person who acknowledged that (i) he or she knows and understands the contents of this declaration; (ii) that he or she has no objection to taking the prescribed oath or affirmation; and (iii) he or she considers the prescribed oath or affirmation to be binding on his or her conscience and that he or she uttered the following words "I swear that the contents of this declaration are true, so help me God" or " I truly affirm that the contents of this declaration are true".

SAMPLE

Commissioner Of
Oaths Signature

Date

First Name(s)

Surname

Business Address Line 1

Business Address Line 2

Business Address Line 3

Designation

Area for which appointment is held

Office held if appointment is Ex Officio