



## NEW LIQUOR LICENSE APPLICATION FORM

### COMPANY DETAILS

COMPANY REGISTERED NAME: .....  
TRADING AS: ..... COMPANY REG NO: .....  
POSTAL ADDRESS: .....  
CODE: ..... VAT REG NO: .....  
PHYSICAL ADDRESS: .....  
CODE: .....  
TELEPHONE NO: ..... FAX NO: .....  
EMAIL: ..... NO. OF EMPLOYEES: .....

### DETAILS OF OWNER/DIRECTOR

SURNAME: ..... FIRST NAME/S: .....  
TITLE: MR/MRS/DR/REV: ..... ID NO: .....  
POSTAL ADDRESS: .....  
CODE: .....  
PHYSICAL ADDRESS: .....  
CODE: .....  
TEL NO. HOME: ..... CELL NO. 1: .....  
CELL NO. 2: ..... EMAIL: .....

**PAYMENT DETAILS:**  
**DEPOSIT R 9999**  
**R 2999 (x 5 MONTHLY PAYMENTS)**



### BANKING DETAILS

LEGAL SHIELD (PTY) Ltd  
FIRST NATIONAL BANK  
CHEQUE ACCOUNT  
ACCOUNT NO: 62884833263  
BRANCH CODE: 250655

I, THE DIRECTOR/OWNER OF THE COMPANY, HEREBY  
ACKNOWLEDGE THAT THIS IS A LEGAL CONTRACT.  
THE COMPANY WISHES TO PAY EVERY MONTH BY  
DEBIT ORDER ON THE BUSINESS BANK ACCOUNT.

TO DEDUCT THE MONTHLY PREMIUMS FROM THE BUSINESS  
ACCOUNT. DETAILS ARE GIVEN BELOW. NOTE: THE  
DIRECTOR/OWNER AUTHORIZE LEGAL SHIELD (PTY) LTD

**PAYMENT REFERENCE: INITIALS AND SURNAME**

**KINDLY SUBMIT PROOF OF PAYMENT TO:**  
info@liquorshield.co.za AND admin@liquorshield.co.za  
**UPON COMPLETION OF THE TRANSACTION**

# Contact Us



083 679 6055



www.liquorshield.co.za



## LIQUOR LICENSE INFORMATION SHEET

Please complete the following and forward to:

Email: [info@liquorshield.co.za](mailto:info@liquorshield.co.za)  
[www.liquorshield.co.za](http://www.liquorshield.co.za)

For any queries, phone Edmund Holder 083 679 6055

**FULL TRADING NAME** .....

Applicants Full name OR

Business Entity name .....

ID number OR

Registration number .....

Home Address OR

Registered Address .....

Full premises address .....

(street, apartment, shop or farm)

ERF number .....

VAT number .....

Mobile number .....

Office number .....

Home or other number .....

Email address .....

Courier address .....

**If applicant is a, company, Trust or partnership - who will the responsible person be?**

Full name and ID number .....

Home address .....

Contact numbers .....

Email .....





Please supply short CV of the responsible  
CV and proof of residential address person -previous/ current work - related  
information and proof of residential  
address not older than 3 months

**Responsible person(s) to undergo training at WCLA. Information to follow after submission of application.**

Does applicant own premises ☐ YES ☐ NO

**If no, give details of the owner**

Name, address .....  
.....

Provide proof of right of occupation **Supply Title Deed or Lease Agreement**

Type of license .....

**Do you want to renew your license annually or biennial ?** .....

**Is the application made in respect of a premises which:**

Has not yet been erected? ☐ YES ☐ NO

Are already erected but require additions or alterations to make them suitable for the purposes of the proposed business? ☐ YES ☐ NO

Are already erected and, in the applicant's opinion, do not require additions or alterations in order to make them suitable for the purpose of the proposed business? ☐ YES ☐ NO

**Please complete - if applicable**

The date on which erections, additions, alterations will commence .....

The period which will be required for above .....

**Jobs Created**

How many persons will be employed by the business .....

How many persons - in management capacity .....

How many persons - specifically in regard to sale of liquor .....





## Other licenses (PLEASE COMPLETE THIS SECTION IN FULL)

Give full details of any existing liquor license on the ERF where the proposed premises is located

Licensee .....

Type of license .....

Reference number .....

**(location of such other licensed premises in relation to proposed premises to be indicated on site plan)**

## Other Liquor Interest

Give full details of all liquor licenses held by applicant, as well as any registration held with the National Liquor Authority. **(supply copy of documents)**

Does applicant hold any other liquor licenses  
(according to above)

YES

NO

## PLANS

**SITEPLAN** - this plan must indicate the following (A3 or A4 size)

- Outline of every building within the vicinity of the proposed licensed premises on the ERF
- Outside parameters of the ERF/Farm. Other licensed premises on the ERF.
- Area where delivery vehicles will stop and to load and offload goods.
- Uses of all the buildings on the ERF
- Date of preparation and name and address of person who prepared the plan

**FLOORPLAN** - this plan must indicate the following (A3 or A4 size)

- The proposed licensed premises indicated in colour in relation to the entire premises
- The dimensions of each room on the premises (NOT square meters)
- The uses of all the rooms on the premises
- All doors, windows and counters and means of internal and external communication
- The streets and places to which such means of external communication lead
- Where liquor will be stored
- Distinguish on plan where liquor will be sold and where liquor will be consumed (if applicable)

**PHOTOS TO CORRESPOND WITH PLAN. SHOULD PLANS CHANGE DURING COURSE OF APPLICATION PROCESS, PROVIDE UPDATED PLANS ASAP. APPLICATION COST APPLICABLE, SHOULD THE PLAN CHANGE**





## ZONING CERTIFICATE

- Proof from the municipality that the zoning of the premises is in order
- Proof of lodgement of complete zoning application (should the zoning not be in order)

***WE SUGGEST THAT YOU ASCERTAIN FROM THE MUNICIPALITY THAT THE ZONING OF PROPOSED PREMISES, COVERS THE TYPE OF BUSINESS YOU INTEND TO OPERATE ON THE PREMISES***

## GOOGLE MAP

Provide Google map indicating the nearest churches, schools, old age homes or institutions for drug or alcohol related dependencies (Rehab) and residential properties, in relation to proposed premises.

	Name	Address
Closest Church	.....	.....
Closest School	.....	.....
Closest Residential property	.....	.....
Closest Old Age Home	.....	.....
Closest Fuel Station	.....	.....
Closest REHAB for drug/alcohol dep.	.....	.....

***THIS INFORMATION IS VERY IMPORTANT. IF INFO IS INCORRECT, IT MIGHT JEOPARDISE THE APPLICATION.***

## FINANCIAL INTEREST - use an annexure for this - if applicable

State the name, identity number and address of each person, including the applicant who has any financial interest in the business and in each case the nature and extent of such interest.

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[If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in paragraph above has a controlling interest in the company, close corporation or trust?

YES

NO

Is a partner in such a partnership?

YES

NO





Is the main beneficiary under such a trust?      YES      NO

If any questions have been applied in affirmative - **please supply full details**

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#### ALL OTHER LAWS AND REQUIREMENTS

Please note that an applicant for a liquor licence must also comply with the provisions of any other law that may be applicable (including any law or relating to business or entertainment licence requirements, consent uses, departures or any other requirements prescribed by any other authority) with regard to the conducting business on the licensed premises.

#### PLEASE INCLUDE/SUBMIT THE FOLLOWING DOCUMENTS:

- Our liquor licence information sheet (all certified docs not older than 3 months certified)
- **CERTIFIED Copy of ID** document for all applicable, including manager.
- **CERTIFIED Registration documents** of Juristic person (Company, CC, Trust / partnership) – if applicable (information regarding shareholding of Company OR Share certificates)
- Proof of **right of occupation** (lease or title deed) (**lease or separate letter to include the confirmation of landlord that LIQUOR SALES are allowed on the premises**) (in the case of on-consumption premises, lease to include outside seating area - confirmation - if applicable)
- **Photographs** (current state of premises)
- **Business plan** of what is envisaged with specific reference to the nature of the business.
- Other licenses held by applicant - if applicable.
- **Site Plan**
- **Floor Plan**
- **Zoning Certificate** (obtainable from landlord or municipality)
- **Google map and info**
- **Proof of residential address** of natural responsible person (water & electricity account, TV license, etc)
- **Food Menu** (for on-consumption applications)
- **Short CV** - responsible person

