NEW LIQUOR LICENSE APPLICATION FORM

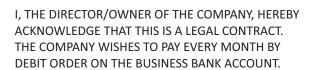


COMPANY DETAILS

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)



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



BANKING DETAILS

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

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



LIQUOR LICENSE INFORMATION SHEET

Please complete the following and forward to:

info@liquorshield.co.za Email:

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	n)
ERF number	
VAT number	
Mobile number	
Office number	
Home or other number	
Email address	
Courier address	
If applicant is a, com	pany, Trust or partnership - who will the responsible person be?
Full name and ID number	
Home address	
Contact numbers	
Fmail	

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. II	nformation 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	e Deed or Lease Agreement
Type of license	
Do you want to renew your license annually or biennial ?	
Is the application made in r	respect of a premises which:
Has not yet been erected	d? YES NO
Are already erected but require additions of alterations to make them suitable for the purposed business	ne 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	to NO NO
Please complete - if applicat	ble
The date on which erections, addition alterations will commen	ns, oce
The period which will be required for abo	
Jobs Create	ed
How many persons will be employed the busing	by ess
How many persons - in management capac	ity
How many persons - specifically in regard to sale of liqu	ıor





Other licenses (PLEASE COMPLETE THIS SECTION IN FULL)

Give full details of any existing	liquor license on the ERF where	the proposed premis	es is located
Licensee			
Type of license			
Reference number			
(location of such other lice	nsed premises in relation to p	proposed premises	to be indicated on site plan
Other Liquor Interest			
Give full details of all liquor Liquor Authority. (supply cc	licenses held by applicant, as py of documents)	well as any registra	ition held with the National
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 he 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
- 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		•	PARDISE THE APPLICATION
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.			
[If the applicant is a company partnership or trust, state wh contemplated in paragraph a interest in the company, clos	nether a person bove has a controlling	YES	NO
Is a partner in such a partner	ship?	YES	NO



Is the main beneficiary under such a trust?	YES	NO
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	LIQUOR
	SHIELD
5	

If any questions have been applied in affirmative - please supply full do	etails

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



