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:	EMAII ·

PAYMENT DETAILS:

R2999

Once off payment



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**

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





083 679 6055

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	



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		



