



## 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:

**R6999**  
Once off payment



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

**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:

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 .....





## 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

