FIRST SCHEDULE

FORM 1 ***(r.4(16))***

COUNTY GOVERNMENT OF NYERI

NYERI COUNTY ALCOHOLIC DRINKS LICENSES' APPLICATION FORM

APPLICATION No. .....

KINDLY FILL THE FORM IN TRIPLICATE

(Please Fill the Application in **BLOCK LETTERS** and **Tick** where ☐ applicable)

TYPE OF LICENCE APPLIED FOR: ……

RETAIL [ ] WHOLESALER [ ]

DISTRIBUTOR [ ] MANUFACTURER [ ]

1. NAME OF APPLICANT			
TITLE:	SURNAME:	FIRST NAME:	MIDDLE NAME:
Mr./Mrs.M/s.			
ID/PASSPORT NO:		PHONE NO:	
KRA PIN NO:		ALTERNATIVE PHONE NO:	
GENDER	M ☐ F ☐	EMAIL ADDRESS:	
DESIGNATION OF APPLICANT. (Owner, Director, Manager etc)			
IF IT IS AN ENTITY:			
NAME OF THE ENTITY:			

PHONE NO:		**ENTITY KRA PIN NO:**	
ALTERNATIVE PHONE NO:		**EMAIL ADDRESS:**	

2. APPLICANTS POSTAL ADDRESS:			
PO.BOX:		**CODE:**	
PLOT NO.			

3. PHYSICAL ADDRESS WHERE THE PREMISES IS LOCATED ***(Give sufficient details to adequately identify the premises***	
SUB-COUNTY	
WARD	
VILLAGE/TOWN	
STREET/ROAD	
NAME OF BUILDING WHERE THE PREMISES IS LOCATED	
PLOT NO.	

4. NAME OF THE BUSINESS PREMISES (Business Name):

5. PREMISES DETAILS

i. Size of the premises			
Length in fts		**Width in fts**	

ii. Type of structure

Temporary ☐ Semi- permanent ☐ Permanent ☐

iii. Type of floor

☐ Tiled ☐ Not tiled

If not tiled, describe the type of floor

iv. Distance from a nursery, primary or secondary school:

Metres:……..

v. When was the alcoholic drinks premises established?

(Date/Month/Year) …… / …… /……

vi. If the premises is new, enclose approvals for building plans

vii. Has the business location changed since it was established?

Yes ☐ **No** ☐

6. FOR RENEWAL, INDICATE YOUR EXPIRING LICENCE NUMBER

……..…….

7. PERIOD OF YOUR LICENCE; (DATE/MONTH/YEAR)

Date Month Year	Date Month Year
From: …… / …… /……	To: …… /…… /……

8. IS THE BUSINESS LICENCED IN ANOTHER COUNTY?

Yes ☐ No ☐

If YES attach a copy of the licence/s

10. IS THE BUSINESS CERTIFIED BY THE KENYA BUREAU OF STANDARDS?

Yes ☐ No ☐

11.ARE YOU ABOVE THE AGE OF EIGHTEEN (18)?

Yes ☐ **No** ☐

12. HAVE YOU BEEN DECLARED BANKRUPT?	YES ☐ NO	☐
13. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE IN THIS ACT?	YES ☐ NO	☐

14. Origin of product e.g Kenya Breweries	

Attach a copy of the following documents:

a. Certificate of incorporation / Identity card of the applicant
b. KRA pin certificate
c. Receipt of payment of application fee
d. If renewal, previous licence.
e. If manufacturer or distributor -Kenya Bureau of Standards Certificate
f. If manufacturer - NEMA Certificate.
g. Certificate of good conduct

Note:

- *For applicants with more than one premises, please fill in an application form for each premises.*
- *The County Government reserves the right to deny issuance of an alcoholic drink licence if an applicant does not meet the required conditions as per the legal requirement*
- *Late applications will not be considered*
- *Misrepresentation of facts during application will lead to automatic disqualification and it amounts to a criminal offence*

For Applicant

Name……Signature…….……Date……

For official use only

Application received by:

Name……Signature
……Date……

Designation……

Official stamp……