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:			
P.O.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:……..

When was the alcoholic drinks premises established?

(Date/Month/Year) …… / …… /……

If the premises is new, enclose approvals for building plans

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 BANKRUPTY? Yes ☐ No ☐	
13. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE UNDER 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 official use only

Application received by:

Name……Signature
……Date……

Designation……

Official stamp……