

THE MURANG'A ALCOHOLIC DRINKS CONTROL ACT, 2014

**APPLICATION FOR THE GRANT OR RENEWAL OF AN ALCOHOLIC
DRINKS RETAIL LICENCE**

[To be completed in triplicate]

1. Name of Sub County
2. Name of Ward.....
3. Name of Applicant
4. Applicant's Postal Address.....
5. Physical Address
SUB-LOCATION.....
BUSSINESS CENTRE/street
- Plot Number
- Premises Phone Number
- [Give sufficient details to adequately identify the premises]*
6. Name by which the premises is known.....
7. If for renewal, give expiring license number.....
Business PIN Number
8. Type of license applied for.....
9. License to run from.....to.....
10. Class of the Bar/Hotel.....

Number of Employees (*management/stewards*)

Number of Employees (*waiters and other support*)

Alcohol volume per year

11. Names of products to be licensed must be attached to this form. (*The list will bear your business stamp*)

12. Attach a valid copy of Certificate of Good Conduct. (*Director(s) and Key Employees*)

Date.....

Signature of Applicant.....