

ANNEXURE S
APPLICATION FOR RENEWAL OF LICENCE
IN TERMS OF SECTION 64(2) OF ACT
KwaZulu-Natal Liquor Licensing Act, 2010
(Act No. 6 of 2010)

KZNLA 19

RENEWAL INFORMATION

1. <u>DETAILS OF LICENSED OUTLET OR PREMISES</u>			
(a) NAME OF OUTLET:			
(b) TRADE NAME/S (IF ANY):			
(c) REGISTRATION NUMBER:			
(d) NAME OF THE METROPOLITAN MUNICIPALITY/DISTRICT MUNICIPALITY OR LOCAL MUNICIPALITY WHERE THE LICENSED PREMISES ARE SITUATED:			
(e) PHYSICAL BUSINESS ADDRESS OF APPLICANT:			
2. <u>PERSONAL DETAILS OF THE APPLICANT</u>			
(a) NAMES AND SURNAME:			
(b) DESIGNATION OF APPLICANT:			
(c) CONTACT DETAILS:			
Cell:	Tel.:	Fax:	Email:
<i>(Please attach certified copies of the documents requested in terms of regulation 25(3) to this form)</i>			
1. During the past 12 months, has the applicant, or any person holding an interest in the applicant, become disqualified from holding this liquor licence, as contemplated in section 40 of the Act?			☐ Yes ☐ No
2. If the answer to the above question is in the affirmative, please provide details of any decision taken by the relevant provincial licensing authority in terms of section 40 of the Act.			
.....			
.....			
.....			

3. Has the applicant or any of its owners, directors or subsidiaries been indicted or charged with any criminal offence, excluding traffic offences, during the past 12 months?

☐ Yes

☐ No

If yes, provide details:

.....

.....

4. Has the applicant or any of its subsidiaries been a party to a law suit during the past 12 months?

☐ Yes

☐ No

If yes, provide details:

.....

.....

I declare/truly affirm that –

- (a) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for;
- (b) I am the person identified in this form and I am, or have been, duly authorised by the Applicant to provide all the information contained herein;
- (c) I have personally or by representation completed this form and have supplied all the information indicated herein; and
- (d) I certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

.....
*Name (of applicant or person
authorised to sign application)*

.....
*Signature (of applicant or person
authorised to sign application)*

.....
Date

I certify that this declaration has been signed and sworn to/affirmed before me at
..... on this day of, 20.....

by the applicant/person authorised to sign application who has acknowledged that –

(a) he/she knows and understands the contents of this declaration;

(b) he/she has no objection to taking the prescribed oath/affirmation; and

(c) he/she considers the prescribed oath to be binding on his/her conscience,

and that he/she uttered the following words –

“I swear that the contents of this declaration are true, so help me God.”/“I truly affirm
that the contents of this declaration are true.”.

.....
Commissioner of Oaths

.....
Affirmation

Full names:

Business address:

Designation:

Area for which appointment is held:

Office held if appointment is *ex officio*:

FOR OFFICIAL USE ONLY:

Evaluation: whether previous licence conditions are still met.
(Attach inspector's report)

APPROVED

NOT APPROVED

Inspector's Report: whether special conditions in terms of section 41(2) or section 55(2) are still met.

APPROVED

NOT
APPROVED

Is the application approved by the Chief Executive Officer?

APPROVED

NOT APPROVED

Was the application made prior to the six month expiry date of renewal application?

YES

NO

Has the annual fee been paid?

YES

NO

Comments by the Chief Executive Officer:

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Dated at on this day of, 20.....

.....
 Chief Executive Officer