FORM 18
APPLICATION IN TERMS OF SECTION 57 OF THE ACT TO SUPPLY LIQUOR FREE OF CHARGE FOR THE PURPOSE OF TASTING

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| 1 *(a)* Full name of applicant …........................................................................................................ |
| *(b)* Identity number or in the case of a company or close corporation, its registration number….…… *………………………………………………………………………………………………..……………..* |
|  *(c)* Residential address or address of registered office....................................................................... *………………………………………………………………………………………………..……………..* |
|  *(d)* Business address and location of the premises to which the application relates  ………………………………………………………………………………………………...................... |
|  *(e)* Postal address…............................................................................................................................ ………………………………………………………………………………………………...................... |
|  *(f)* Business telephone number ……...…............................................................................................. |
|  *(g)* Licence reference number ……...…................................................................................................ |
|  *(h)* Type of licence ……...…................................................................................................................. |
|  *(i)* Trade name of licensed premises................................................................................................... ………………………………………………………………………………………………...................... |
| 2 The applicant must attach -  (a) a plan of the applicable portion of the premises to which the application relates on which such place is indicated in red, clearly showing with reference thereto - (i) the dimensions;  (ii) all doors, windows and counters (where applicable) and means of internal and external communication;  (iii) the streets and places to which such means of external communication lead; and  (iv) in the case of a place on the licensed premises, how it links up with the existing premises;  (b) a description of the premises with reference to the construction, lay-out, furnishing, fixtures, fittings and floor covering, which description must be contained in a separate document; and  (c) comprehensive written representations in support of the application. |
| I declare/truly affirm that the information furnished in this Form and in the documents attached to it, is true. |
| Date.................................................................. | ............................................................................*Signature of the holder of the licence or person authorized to sign Form* |
| I certify that this declaration has been signed and sworn to/affirmed before me at……………..................this...................................... day of..........................................................by the holder of the licence/person authorized to sign Form who acknowledged that – |
| (i) he/she knows and understands the contents of this declaration; |
| (ii) he/she has no objection to taking the prescribed oath/affirmation; and |
| (iii) 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* |  |

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| Full name…….................................................................................................................................................. |
| Business address……….................................................................................................................................. |
| Designation……............................................................................................................................................... |
| Area for which appointment is held………....................................................................................................... |
| Office held if appointment is *ex officio……….*.................................................................................................. |