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……….*.................................................................................................. |