FORM 17  
APPLICATION FOR WRITTEN CONSENT IN TERMS OF SECTION 24 OF THE ACT TO EFFECT STRUCTURAL ALTERATIONS

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| 1 *(a)* Full name of applicant …........................................................................................................ | |
| *(b)* Identity number or in the case of a company or clsoe 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 Description and motivation of proposed alteration.........................................................................  ………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………..  (Use an annexure if necessary) | |
| 3 Attach the approved plans referred to in section 24(3) of the Act | |
| 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……….*.................................................................................................. |