



FORM F

THE LAIKIPIA COUNTY ALCOHOLIC DRINKS CONTROL ACT, 2014

APPLICATION FOR THE GRANT OR RENEWAL OF AN

ALCOHOLIC DRINK WHOLESALER OR DISTRIBUTORSHIP LICENCE

(To be completed in triplicate)

1. Name of Applicant.....
2. Applicant Postal Address.....
3. Address and Plot Number of Premises (depot in case of distributor).....

(Give sufficient details to adequately identify the premises)

Street, Phone Number.....

4. Name by which premises known.....
5. If for renewal, give expiring License number.....
6. License to run from.....to.....
7. Type of license applied for.....

Date

Signature of applicant.....