



FORM B

THE LAIKIPIA COUNTY ALCOHOL DRINKS CONTROL ACT, 2014

APPLICATION FOR TRANSFER/ REMOVAL OF ALCOHOLIC DRINK

LICENCE

1. Name of applicant.....

2. Applicant postal address.....

3. Type and number of licence held.....

4. Address of premises specified therein.....

5. Name of transferee/address of premises to which it is desired to remove licence

.....

Date

Signature of applicant.....