



FORM D

THE KIAMBU COUNTY ALCOHOLIC DRINKS CONTROL ACT

APPLICATION FOR THE GRANT OR RENEWAL OF AN ALCOHOLIC DRINK ON-LICENCE

(To be completed in Triplicate)

- 1. Name of Applicant
- 2. Applicant Postal Address
- 3. Address and Plot Number of Premises..... (Give sufficient details to adequately identify the premises)
Street Phone number
- 4. Name by which premises is known
- 5. If for renewal, give the expiring Licence Number
- 6. Licence to run from to
- 7. Type of Licence applied for

8. Declaration by the Applicant:

Ihereby declare and certify that the information given in this application including attachments thereto are true and correct to the best of my knowledge and belief.

Date Signature of Applicant

(Please ensure you attach the Building occupation certificate, Kiambu County rates clearance certificate, tax compliance certificate relating to the business, certificate of incorporation(if it is a corporate body) /or registration of business name and the copies of the Identity Cards of the business name proprietors) and form B (mandatory).

A member's clubs shall in addition to the above attach the certificate of registration and rules and regulations of this club.

A night club shall in addition to the above attach the rules and regulations binding their customers.

Please note that an application will not be processed without the aforesaid attachments.

(form only applicable to applicants intending to operate a bar, member's club or a night club)

FOR OFFICIAL USE ONLY

9. Other requirements under section 20(2) (e)

a. Evaluation for compliance with the Physical Planning laws and Building Code

I..... Designation
PF. No. Do hereby confirm that the applicant has **complied/
or not complied** (*delete what is not applicable*) with the physical planning laws and building
Code. Further, I also hereby authenticate/refuse to authenticate the certificate of occupation
attached hereto.

Reasons for any adverse decision taken

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.....
.....

Signature Date

b. Evaluation for compliance with the Environmental Laws

I.....Designation
..... PF. No. Do hereby confirm that the
applicant has **complied/ not complied** with the relevant environmental Laws.

Areas of none compliance with the relevant environmental laws

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.....

Signature Date

c. Evaluation for compliance with the Public Health laws

I.....Designation PF. No.
..... Do hereby confirm that the applicant has complied/not complied with
the Public Health Laws. Further, I also hereby authenticate/ refuse to authenticate the
certificate of Public Health attached hereto.

Reasons for any adverse decision taken

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.....

Signature Date

d. Evaluation of compliance with the Kiambu County Alcoholic Drinks Control Act, 2018

I.....Designation
..... PF. No. Do hereby confirm that the applicant has complied/ not complied with requirements set out under the Kiambu County Alcoholic Drinks Control Act, 2018, including the requirements relating to size of the premises, location in relation to a school or residential areas (attach the Form L where applicable) and the provisions of sanitary services, water, lighting and related utilities.

Areas of none compliance with the Kiambu County Alcoholic Drinks Control Act, 2018

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Signature Date

e. Confirmation of payment of application fees, rates, licence fees and any other related costs

I.....Designation
..... PF. No. Do hereby confirm that the applicant has paid the fees as prescribed in the Third Schedule and other related charges and costs, including land rates.

Signature Date