



CITY HEALTH

APPLICATION IN TERMS OF SECTION 6 OF THE CTY OF CAPE TOWN : CONTROL OF UNDERTAKINGS THAT PROVIDE LIQUOR TO THE PUBLIC BYLAW, 2013, FOR EXTENSION OF LIQUOR TRADING HOURS FOR ON-CONSUMPTION PREMISES

Copy of a valid Business Licence for the premises is attached if meals are prepared or sold or activities linked to Places of Entertainment as defined in the Business Act of 1991 are conducted on site.

N/A

YES

NO

All fields must be filled in

DETAILS OF LICENCEE

1. Liquor license number

2. Full name of licensee

3. If the licensee is not a natural person, state the name, identity number and address of each shareholder, member or partner. (use an annexure if required)

4. Name and address of the licensed premises

5. Provide details of the premises where the licensed business is conducted with reference to the number of the erf, street(s), apartment, shop(s) or farm, as the case may be

ERF No.

6. Daytime contact number

7. State reason(s) why licensee is applying for extension of trading hours (use an annexure if required)

8. What is the licensee's current permitted hours of trading

I declare that the information furnished in this application and in any documents attached to it, is true.

Signature Date

(written authorisation to sign on behalf of licensee to be attached)

Name (printed) Application prepared by

Postal address Physical address

Work tel: Cell:

Fax: E-mail:

Signature Date

(written authorisation to sign on behalf of licensee to be attached)

Name (printed)

