



REPUBLIC OF BOTSWANA

THIRD SCHEDULE

**LIQUOR ACT
(Act No. 9 of 2004)**

FORM 1

(Reg. 2 (1))

APPLICATION FOR LIQUOR LICENCE

1. Proposed business

a). Type of business/licence applied for.....

b). Location of proposed business.....

2. Particulars of applicant

a. **For Business Names**

Name and Address

Business Name

.....

.....

.....

.....

b. **For Companies**

i. Registered name of company.....

ii. Trading name of company if different from (a).....

Percentage share of citizen equity holding.....

Particulars of shareholders:

Name	Nationality	Address	% share in equity holding
.....
.....
.....
.....

3. Particulars of business premises

- a. Plot no. or Land Board certificates no
- b. Date of plot allocation
- c. Is the plot zoned commercial / industrial
- d. If the premises are leased, state the name of the owner
.....
- e. Size of the premises (sqm of floor space)
- f. Have your premises been inspected and certified suitable by the
Environmental Health Unit of the Council?

4. Residence and work permits (for expatriates only)

- a. Date of expiry of the residence permit
- b. Date of expiry of the work permit

5. General information

- a. Have you ever been convicted in the last 2 years, of any offence involving dishonestly?
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- b. If so, give particulars of each conviction
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I certify the information supplied in my application is true to the best of my knowledge and belief.

Date Applicant's signature

Tel Cell

For Official use only

Application received by:

Date

Signature

Decision by the Licensing Committee

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Date

Chairperson's Signature