



**FORM C**

**THE LAIKIPIA COUNTY ALCOHOLIC DRINKS CONTROL ACT, 2014**

**APPLICATION FOR THE GRANT OR RENEWAL OF AN**

**ALCOHOLIC DRINK RETAIL 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 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.....