

FORM M



THE KIAMBU COUNTY ALCOHOLIC DRINKS CONTROL ACT

**APPLICATION FOR THE GRANT OR RENEWAL OF A LICENCE TO
IMPORT AN ALCOHOLIC DRINK**

(To be completed in Triplicate)

1. Name of Applicant.....
2. Applicant Postal Address.....
3. Physical Address

(Give sufficient details to adequately identify the premises)

4. Tel.....
5. Fax.....
6. Email.....

7. Business Registration
No*

8. Is this a New/Renewal Application? If Renewal, provide details of
No

9. List type and brands of alcoholic drinks to be imported

Alcoholic Drink	Standard Certification Number
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10. Brief description of alcoholic drink(s)

- a) Unit Capacity in milliliters and Cost in Shillings of the alcoholic drink(s).....
- b) Alcoholic content.....
- c) Mode of transportation and storage conditions.....
- d) Describe the purpose for which the alcoholic drink(s) will be used (e.g. retail, wholesale)

11. 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), written authority from a licensed manufacturer or a Distributor in respect of the alcoholic drinks and form B (mandatory).

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

(add additional sheets where necessary for full disclosure of information required)

12. FOR OFFICIAL USE ONLY

(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 for compliance with the National Authority for Campaign Against Alcohol and Drug Abuse Act, 2012

I..... Designation
PF. No. Do hereby confirm that the applicant has complied/not complied with the National Authority for the Campaign Against Alcoholic and Drug Abuse Act, 2012. Further, I also hereby authenticate/ refuse to authenticate the certificate of National Authority for the Campaign Against Alcoholic and Drug Abuse (NACADA) attached hereto.

Reasons for any adverse decision taken

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Signature Date

(Attach NACADA certificate)

e. Evaluation for compliance with the Kenya Bureau of Standard laws and regulations.

I..... Designation
..... PF. No. Do hereby confirm that the applicant has complied with Kenya Bureau of Standards requirements and has both the Certification from the KEBS, Standardization mark from KEBS and an approved list of alcoholic drinks it intends to manufacture.

Signature Date

(Attach KEBS certificate)

f. Evaluation for compliance with the Kenya Revenue Authority laws and regulations

I.....Designation
..... PF. No. Do hereby confirm that the applicant has complied with Kenya Revenue Authority requirements and has Excise licence from Kenya Revenue Authority (KRA).

Signature Date

(Attach KRA certificate)

g. 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

h. 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**