



FORM B

THE KIAMBU COUNTY ALCOHOLIC DRINKS CONTROL ACT

DECLARATION OF COMMITMENT NOT TO SELL ILLICIT OR UNLICENSED ALCHOLIC DRINKS

- 1. Name of Applicant
..... (Attach copy of the Identity Card)
- 2. Applicant postal address
.....
- 3. Location or proposed location of the licensed place
.....
(include plot number, road and ward)

I / We holders of the identity cars number/incorporation number
.....do hereby undertake to only manufacture, sell, store, distribute or in any other manner handle alcoholic drinks authorized by the Authority and licensed under this Act and further, I undertake that during the validity of this license, I shall sell the following types and brands of alcoholic drinks
.....
.....
.....
.....

I agree and authorize the Director to cancel my licence without further notice to me in the event that I do not comply with the provisions of this undertaking.

Date

Signature

Witnessed by
Commissioner for oaths
(please an extra sheet as may be necessary)