



FORM A

THE KIAMBU COUNTY ALCOHOLIC DRINKS CONTROL ACT

APPLICATION FOR TEMPORARY ALCOHOLIC DRINK LICENCE

1. Name of Applicant.....

2 Applicant Postal Address.....

3. Physical Address to which temporary licence should be made applicable.....
(include road, plot number)

4..Period for which temporary licence is required from the day of 20..... from
this am/pm to am/pm.

5. Where application is for a temporary brewing licence, do provide the following:

a. Name and type of the traditional brew.....

b. Ingredients to be used to brew and source of the ingredients
.....

c. Place where brewing will take place including details such as plot number, road and
other location identities relevant for ease of identifying the place of brewing
.....

d. Quantity intended to be brewed in litres

e. Place of consumption of the brew including details such as plot number, road and other
location identities relevant for ease of location of the place of consumption

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- f. Mode of transportation where the place of brewing is different from the place of consumption (where a vehicle, gave registration number)
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6. 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 public health certificate and form B (mandatory) and Form L(where applicable). Please note that an application will not be processed without the aforesaid attachments.