

Date stamp of recopy of the application which is the lodgement date.
--

**EASTERN CAPE LIQUOR ACT, 2003 (Act No. 10 of 2003)**

**APPLICATION FOR REGISTRATION**

*(mark the appropriate box with "X")*

New Registration	Transfer of Registration	Removal of Registration

**Description of documents to be submitted**

1. Application Form
2. Proof of payment of application fee
3. Municipal approved building plan
4. Floor layout plan
5. Description of premises (Form 3)
6. Written representations in support of the application (Form 4)
7. Proof of service on Ward Committee (Form 5)
8. Proof of service on governing body and/or places of worship (Form 6)
9. Proof of right to occupy premises
10. In the event that the application is made in respect of public-school premises, prior written consent from the MEC for Education for the Province
11. Municipal zoning certificate alternatively a Municipal Land Use consent for the intended use of the premises.
12. Premises population certificate (On and Off and On-Consumption)
13. Valid tax registration status (where applicable)
14. In the case of a natural person:
  - (i) certified copy of identity document
  - (ii) In the event that the application is being completed by someone other than the applicant – a power of attorney
15. In the case of a juristic person:
  - (i) certified copy of Companies and Intellectual Property Commission Registration Certificate
  - (ii) certified copies of identity document of members or shareholders
  - (iii) In the event that the application is being completed by someone other than the juristic person – a resolution authorising such application
16. In the case of a trust:
  - (i) certified copy of the Trust Deed
  - (ii) certified copy of Trustees and Beneficiaries' identity documents
17. Where the applicant is foreign national – certified copy of valid business permit
18. Where the applicant is a refugee:
  - (i) certified copy of refugee status
  - (ii) certified copy of refugee identity document
19. Application for micro-manufacturing, the following additional documents have to be submitted:
  - (i) letter of approval by Department of Agriculture
  - (ii) customs and excise certificate

**NOTE: Providing false or inaccurate information will result in automatic disqualification.**

**Application prepared by:** \_\_\_\_\_

**Physical address:** \_\_\_\_\_  
\_\_\_\_\_

**Postal address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone no:** \_\_\_\_\_ **Mobile cellular:** \_\_\_\_\_

**Alternative telephone no:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**1 a) Full name(s) of applicant** \_\_\_\_\_

**b) Age** \_\_\_\_\_ **Identity document number** \_\_\_\_\_

**c) Nationality** \_\_\_\_\_

**d) If not South African, please provide passport number** \_\_\_\_\_

*Tick appropriate box* *Tick appropriate box*

<b>e) Gender</b>	Male	Female	<b>Race (for demographic purposes)</b>	Black	Coloured	White	Indian	Asian
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If applicant is juristic person, a close corporation, company, trust, etc.*

**f) Registration number (if applicant is a juristic entity)** \_\_\_\_\_

**2. For registration of a new licence, complete the following:**

**a) Address of applicant (residential or registered business address if juristic entity)** \_\_\_\_\_  
\_\_\_\_\_

**b) Address of premises (where the business will be situated)** \_\_\_\_\_  
\_\_\_\_\_

**c) Postal address** \_\_\_\_\_  
\_\_\_\_\_

**Postal code** \_\_\_\_\_

**d) E-mail** \_\_\_\_\_

**e) Contact details** **Home telephone** \_\_\_\_\_ **Business telephone** \_\_\_\_\_  
**Mobile cellular** \_\_\_\_\_

3. <b>Number of jobs to be created</b>	Provide estimates			
	Permanent		Temporary	

4. **For new registration or transfer of registration, is the applicant a person who:**  
(Tick the appropriate box)

a) Is an unrehabilitated insolvent?	Yes	No
b) Is a minor?	Yes	No
c) Is a partner, co-director, co-trustee or co-beneficiary of any person who, in terms of this Act, is disqualified or incompetent to register?	Yes	No
d) Has had his or her liquor license revoked	Yes	No

5. **If the applicant is a juristic person state whether a person contemplated in Paragraph 4 above**

a) Has a controlling interest in such juristic person?	Yes	No
--	-----	----

6. **If any of the questions in Paragraph 4 or 5 have been replied to in the affirmative, provide full details:**

---



---



---

7. **For new registration, state the category of registration applying for:**  
(Tick appropriate box)

Off Consumption	On Consumption	On & Off Consumption	Micro Manufacturer

8. **For new registration and transfer of registration, state the name, identity number and address of each person, including the applicant, who will have any financial interest in the business and in each case the nature and extent of such interest.**  
[If the applicant is a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act no 91 of 1981), it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of each director (if any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and also the interest of individual members of such company, statutory institution or co-operative]

Name	ID number	Residential address	Nature of financial interest	Extent of such interest (%)

(Use an annexure if necessary)

9. State the financial interest in the liquor trade in the Republic of South Africa and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or trustee or beneficiary thereunder. If the applicant or the said shareholder, member, partner, trustee or beneficiary has no such interest, this fact shall be specifically mentioned

Name of Outlet	ECP/Ref. Number	Address where it is situated	Town	Province

(Use an annexure if necessary)

10. In the case of an application for registration of the retail sale of liquor for **CONSUMPTION OFF THE PREMISES**, is the applicant:

a) A micro-manufacturer of liquor or his or her agent;	YES	NO
b) A person who has a financial interest in the business of a micro-manufacturer of liquor, or the agent of such person;	YES	NO
c) A company with its shareholders having a financial interest in a business of a micro-manufacturer of liquor or the agent of such a company;	YES	NO
d) A company in which a company contemplated in sub-paragraph (c) holds a controlling interest. or the agent of such a company:	YES	NO

**For new registration, transfer and removal of registration**

11. State name under which the business is to be conducted \_\_\_\_\_
12. State the location of the premises with reference to:
- Erf number \_\_\_\_\_ Street no. \_\_\_\_\_ Street name \_\_\_\_\_
- Suburb/village \_\_\_\_\_ Town \_\_\_\_\_
- In which district municipality is the premises referred to above situated \_\_\_\_\_

13. Does the applicant have the right to occupy the premises?
- a) (Tick whichever is applicable)
- |  |     |    |
|--|-----|----|
|  | YES | NO |
|--|-----|----|
- b) State the kind of right to occupy premises (Tick whichever is applicable)
- |       |        |       |
|-------|--------|-------|
| Owner | Lessee | Other |
|-------|--------|-------|
- c) If answer to 13(b) above is "OTHER" specify and provide proof of right to occupy:

14. Are the premises to be used for the business:
- a) Already erected according to the attached plan and description of premises and ready for commencement of the proposed business; or
- |     |    |
|-----|----|
| YES | NO |
|-----|----|
- b) Already erected, but require additions or alterations to make them suitable for the purposes of the proposed business; or
- |     |    |
|-----|----|
| YES | NO |
|-----|----|
- c) Not in place as they are not erected;
- |     |    |
|-----|----|
| YES | NO |
|-----|----|
- d) If the premises have not been erected or are not ready to trade, state the anticipated date on which the premises will be ready: \_\_\_\_\_

## DECLARATION

I, \_\_\_\_\_, declare/truly affirm that:

1. The information furnished in this application is to the best of my knowledge true and I acknowledge that should the Eastern Cape Liquor Board discover false information the application shall be disqualified/rejected.
2. I further accept that the provisions of the Justices of the Peace and Commissioners of Oaths Act No. 16 of 1963, as amended, are applicable in the instance that false information has been submitted and declared/affirmed.
3. I hereby give consent to the Eastern Cape Liquor Board to communicate with me by post/email/WhatsApp Message and/or SMS.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant or person  
authorised to sign on behalf of applicant**

I certify that this declaration has been signed and sworn to/affirmed before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ by the applicant/person authorised to sign application who acknowledged that:

- (i) He / she knows and understands the contents of this declaration;
- (ii) He / she has no objection to taking the prescribed oath / affirmation; and
- (iii) He / she considers the prescribed oath to be binding on his / her conscience.

### **COMMISSIONER OF OATHS**

Full name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Designation: \_\_\_\_\_

Area for which appointment is held: \_\_\_\_\_

Office held if appointment is ex officio: \_\_\_\_\_

In the case of an APPLICATION FOR TRANSFER OF REGISTRATION, the current holder of the registration or the appointed representative of the deceased or the curator of an incapacitated registered holder, must complete the following:

<b>Name of current holder of registration</b>	
<b>ECP Number of Registration Certificate</b>	
<b>Registered Business Name</b>	
<b>Contact Details</b>	
<b>Confirmation of Address of Premises</b>	
<b>Local Municipality</b>	
<b>State the reason for transfer of registration</b>	

### DECLARATION

I, \_\_\_\_\_, declare/truly affirm that:-

1. The information furnished in this application is to the best of my knowledge true and I acknowledge that should the Eastern Cape Liquor Board discover false information the application shall be disqualified/rejected.
2. I further accept that the provisions of the Justices of the Peace and Commissioners of Oaths Act No. 16 of 1963, as amended, are applicable in the instance that false information has been submitted and declared/affirmed.
3. I hereby give consent to the Eastern Cape Liquor Board to communicate with me by post/email/WhatsApp Message and/or SMS.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of current holder or person  
 authorised to sign on behalf of applicant**

I certify that this declaration has been signed and sworn to/affirmed before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ by the applicant/person authorized to sign application who acknowledged that:

- (i) He / she knows and understands the contents of this declaration;
- (ii) He / she has no objection to taking the prescribed oath / affirmation; and
- (iii) He / she considers the prescribed oath to be binding on his / her conscience.

### \_\_\_\_\_ COMMISSIONER OF OATHS

Full name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Designation: \_\_\_\_\_

Area for which appointment is held: \_\_\_\_\_

## THE PROTECTION OF PERSONAL INFORMATION ACT (POPIA) CONSENT FORM

The purpose of the POPIA is to protect personal information of individuals and businesses and to give effect to their right of privacy as provided for in the Constitution. By signing this form, you consent to your personal information to be processed by the Eastern Cape Liquor Board and consent is effective immediately and will remain effective until such consent is withdrawn.

I \_\_\_\_\_ the undersigned, hereby consent to the following:

1. My personal information may be processed by the Eastern Cape Liquor Board (“ECLB”) during and after the processing of my application for purposes of compliance with the Eastern Cape Liquor Act 10 of 2003 and Regulations.
2. Furthermore, I understand that:
  - I have the right to access my personal information which the ECLB and all the parties involved hold.
  - I have the right to ask the ECLB and all the parties involved to update, correct, or delete my personal information on reasonable grounds.
  - Should I wish to withdraw my consent to process my personal information, I must do so in writing, addressed to the ECLB.
  - Once I withdraw my consent for ECLB to process my personal information, I understand that ECLB and all the parties involved in the ECLB processes are still obliged under other legislations to keep my personal information.
  - The ECLB and all the parties involved may disclose my information where they have a duty or a right to disclose in terms of applicable legislation or where it may be necessary under other law.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**Data Subject**