

SCHEDULE 1

FORM FSLA1 APPLICATION IN TERMS OF SECTION 27 READ WITH SECTION 31 FOR REGISTRATION CERTIFICATE

Date stamp

For official use

Amount R.....

Reference No.....

Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

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Application prepared by.....

Postal address.....

Telephone No.....

- 1 (a) Full names of applicant.....
 - (b) Age.....
 - (c) Identity number or in the case of a company or close corporation, its registration number
.....
 - (d) Residential address or address of registered office.....
 - (e) Business address and location of the premises to which the application relates
.....
 - (f) Postal address.....
 - (g) Business telephone number.....
- [Delete (b) if applicant is not a natural person]

2 (a) Is applicant –

(i) a person who has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?

 Yes No

(ii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -

(a) after the coming into operation of this Act; and

(b) within the three years immediately preceding the date of application.

 Yes No

(iii) an unrehabilitated insolvent?

 Yes No

(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (a) -

(i) has a controlling interest in such a company, close corporation or trust

 Yes No

(ii) is a partner in such a partnership

 Yes No

(iii) is the main beneficiary under such a trust

(Mark the applicable square)

 Yes No

(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details

(Use an annexure if necessary)

3 (a) State the names, 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 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 not also the interests of individual members of such company, statutory institution or co-operative.....

(Use an annexure if necessary)

(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned).....

.....
(Use an annexure if necessary)

4 (a) State kind of registration applied for.....

(b) State what applicant intends selling thereunder/what applicant intends to manufacture
.....

5 If application is made for a micro-manufacturer's registration for the production of wine only -

(a) Is applicant -

(i) a person who engages in viticulture?

Yes

No

(ii) an association of person, the majority of the members of which engages in viticulture?

Yes

No

(iii) a co-operative society, which manufactures wine from grapes produced by members of the co-operative society and of which no other such co-operative society is a member?

Yes

No

(b) describe the location of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number.....

.....
(Delete paragraph 5 if not applicable)
(Mark the applicable square)

6 If application is made for a micro-manufacturer's registration -

(a) is applicant a person who -

(i) engages in viticulture?

Yes

No

(ii) manufactures any other fermented beverage?

Yes

No

(b) describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number.....

(Delete paragraph 6 if not applicable)
(Mark the applicable square)

7 Under what name is the business to be conducted?.....

8 (a) Describe the location of the premises where the business is to be conducted with reference to the erf, street or farm number.....

(b) In which municipality is the premises referred to in subparagraph (a), situated?
.....

9 Will applicant have the right to occupy the premises referred to in paragraph 8, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for? (Mark the applicable square)

Yes No

10 In the case of an application for an on-consumption registration, state in which portion of the premises the sale of liquor is to take place

.....

11 (a) Is application made in respect of premises which -

(i) have not yet been erected? Yes No ;or

(ii) are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business? Yes No ;or

(iii) are already erected and, in the applicant's opinion, do not require additions or alterations in order to make them suitable for such purposes? Yes No

(b) If paragraph 11(a)(i) or (ii) applies, state -

(i) the date on which such erection, additions or alterations will be commenced with; and
.....

(ii) the period which will be required for the erection, additions or alterations
.....

12 In the case of a club liquor registration, attach a copy of the rules of the club, certified by the president, chairman or secretary thereof

Annexure.....

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....

.....
Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at.....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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA2
NOTICE OF INTENTION TO APPLY IN TERMS OF SECTION 27 READ WITH SECTION 31 FOR REGISTRATION**

FREE STATE GAMBLING AND LIQUOR ACT, 2010

Notice is hereby given that.....intends to lodge an application on particulars of which appear hereunder.

1 Municipality	2 Full names, street and postal address of applicant and identity no. or registration no.	3 Kind of registration applied for	4 Kind of product to be sold/manufactured	5 Name under which business is to be conducted and full address of premises	6 Name of, nature of and distance to institutions of learning, similar registered premises and places of worship

Any person may, within 21 days from.....(date of publication in *Provincial Gazette*) lodge in terms of section 33 of the Free State Gambling and Liquor Act, 2010 an objection in writing to the Free State Liquor Authority (address set out hereunder). The objection must clearly indicate the full names, identity number, residential address, postal address and telephone number, if any, and where applicable, its registration number and address of its office, of the objector. The objection must also identify the application to which it relates. *The application may be inspected at the offices of the Authority during their office hours. The address of the relevant Office of the Liquor Authority is:

.....

.....

Place.....

Date.....

.....
Signature of applicant or person authorized to sign application

Footnote:

Complete columns as follows:

- (1) Column 1.-State the local municipality in which the premises are situated.
- (2) Column 2.-State surname of applicant followed by his or her full first name, residential, business and postal address and identity number. If the applicant is not a natural person, state the full names of such person, followed by the address of its registered office and registration number.
- (3) Column 3.-State the kind of registration applied for with due regard to section 46, and in the case of sorghum beer registration, state whether it is intended to sell liquor for consumption on or off the premises.
- (4) Column 4.-State kind of product to be sold/manufactured.
- (5) Column 5.-State the name under which business is to be conducted and describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number, including such place on other premises upon which any approval is to be exercised.
- (6) Column 6.-State the name of, nature of and distance to institutions of learning, similar registered premises and places of worship within 500 meter from the premises.

**FORM FSLA3
REGISTRATION CERTIFICATE**

Reference No.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

.....REGISTRATION

.....is hereby registered to sell/manufacture*.....

(state kind of product) and to conduct under the name of.....

upon premises, the plan of which has been approved, situated at.....

.....in the local municipality of.....

such business as is, in accordance with the conditions set out in terms of the Act or any other law, authorized to be conducted under the abovementioned registration.

This registration shall be subject to the conditions determined by the Free State Gambling and Liquor Authority in terms of the Free State Gambling and Liquor Act, 2010, as well as conditions contained in said Act. The conditions determined are set out in Annexure hereto.

Liquor not required for immediate sale, shall be stored on the registered premises.

This registration shall be of no force and effect unless the prescribed registration fees have been paid into the bank account of the Free State Gambling and Liquor Authority and proof thereof has been submitted to the Free State Gambling and Liquor Authority. Payment of the prescribed fees is to be made within sixty days after the undermentioned date of issue.

Date of issue	Prescribed fees	Payable on or before

.....
Person acting under power of the Free State Gambling and Liquor Authority

**Delete part which is not applicable*

FORM FSLA4
APPLICATION IN TERMS OF SECTION 54 FOR A SPECIAL EVENTS REGISTRATION CERTIFICATE

Date stamp

For official use

Amount R.....

Reference No.....

Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

Description of document

- (i) Application Form FSLA4
- (ii) Comprehensive written representations A
- (iii) Proof of payment of prescribed fees B

Application prepared by.....

Postal address.....

Telephone no.....

1 (a) Full names of applicant.....

(b) Age.....

(c) Identity number or in the case of a company or close corporation, its registration number
.....

(d) Residential address or address of registered office.....

(e) Business address and location of the premises to which the application relates
.....

(f) Postal address.....

(g) Business telephone number.....

[Delete (b) if applicant is not a natural person]

2 If applicant is not a natural person, state the names, identity number and address of each shareholder, member, partner or beneficiary.....
.....

3 (a) Is applicant a registrant in terms of the Free State Gambling and Liquor Act, 2010?

(Mark the applicable square)

Yes

No

(b) If subparagraph (a) has been replied to in the affirmative, state -

- (i) the kind of registration.....
- (ii) the kind of liquor which may be sold thereunder.....
- (iii) under what name the registered business is conducted.....
- (iv) describe the situation of the premises where the registered business is conducted with reference to the erf, street or farm number.....

(c) In the case of an application by the holder of a club liquor registration certificate, state whether the special events registration certificate is required for a *bona fide* public function on the premises of the club in respect of which he or she is registered -

(i) which is connected with any game, match, competition or social occasion which forms part of the activities normally taking place on the premises

Yes	No	;or
-----	----	-----

(ii) for which no suitable facilities are reasonably available at any place other than the premises of the club in the near vicinity

(Delete the subparagraphs which are not applicable)
(Mark the applicable square)

Yes	No
-----	----

4 (a) If applicant is not the holder of a registration certificate referred to in paragraph 3 -

- (1) on behalf of what or who does applicant apply?
-
- (2) what position does applicant hold in institution?
-

(b) Is applicant a person who -

(i) a person who has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?

Yes	No
-----	----

(ii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -

(a) after the coming into operation of this Act; and

(b) within the three years immediately preceding the date of application.

Yes	No
-----	----

(iii) is an unrehabilitated insolvent?

Yes

No

(iv) is a minor?

Yes

No

(c) If any of the questions in subparagraph (b) have been replied to in the affirmative, provide full details.....
(Use an annexure if necessary)

5 State the nature of the occasion in respect of which a special events registration certificate is required.....

6 Describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number

7 Will applicant have the right to occupy the premises referred to in paragraph 6 for the purposes of the registration?
(Mark the applicable square)

Yes

No

8 (a) Except in the case of an application by the holder of a club liquor registration certificate, has a special events registration certificate previously been granted to the applicant?

Yes

No

(b) If answer is yes in 8(a), state the number of days in respect of which such registration was granted since January of the relevant year

9 Describe the place or places on the premises in which the sale of liquor is to take place.....

10 State the dates upon and the hours during which such sale will take place.....

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....

.....
Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at.....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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA5
SPECIAL EVENTS REGISTRATION CERTIFICATE**

FREE STATE GAMBLING AND LIQUOR ACT, 2010

Reference No.....

..... being the

.....is hereby registered to sell.....

and to conduct such business as is, in accordance with the conditions of the Act or any other law, authorized to be conducted under the above-mentioned certificate at place(s) from where such liquor is to be sold at

.....in the local municipality of..... between the hours of and on the following dates

This certificate shall be subject to the conditions determined by the Free State Gambling and Liquor Authority in terms of the Free State Gambling and Liquor Act, 2010, annexed hereto as Annexure..... and the conditions set out in the said Act.

The registration shall be of no force and effect unless the prescribed registration fees, R....., have been paid into the bank account of the Free State Gambling and Liquor Authority and proof thereof has been submitted to the Free State Gambling and Liquor Authority.

Place.....

*Person acting on behalf of the Free State
Gambling and Liquor Authority*

Date of issue.....

FORM FSLA6
APPLICATION IN TERMS OF SECTION 37 TO VARY CONDITIONS OF REGISTRATION

Date stamp

For official use

Amount R

Reference no.

Date

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Application	Form FSLA6
(ii) Copy of registration certificate and conditions of registration	A
(iii) Description of the conditions of registration that should be varied	B
(iv) Comprehensive written representations	C
(v) Proof of payment of prescribed fees	D
Full names of registrant (applicant).....	
Application prepared by.....	
Postal address.....	
Telephone no.	

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at 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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA7
APPROVAL TO VARY CONDITIONS OF REGISTRATION**

FREE STATE GAMBLING AND LIQUOR ACT, 2010

DATE: **REFERENCE NO.**.....

Approval is granted to (registrant) to vary conditions of registration in respect of

.....

.....

The new conditions of registration are attached hereto as Annexure

.....
ON BEHALF OF FREE STATE GAMBLING AND LIQUOR AUTHORITY

FORM FSLA8
APPLICATION IN TERMS OF SECTION 38 TO EFFECT STRUCTURAL ALTERATIONS OR AN
EXTENSION OF REGISTERED PREMISES

Date stamp

For official use

Amount R
Reference no.
Date

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Application	Form FSLA8
(ii) Plan of the premises as set out in Regulation 23	A
(iii) Description of the applicable portion of the premises as set out in Regulation 23	B
(iv) Comprehensive written representations	C
(v) Copy of registration certificate	D
(vi) Proof of payment of prescribed fees	E
(vii) Consent of relevant municipality as set out in Regulation 23	F
Full names of registrant (applicant).....	
Application prepared by.....	
Postal address.....	
Telephone no.	

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....
Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at 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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA9
APPROVAL TO EFFECT STRUCTURAL ALTERNATIONS OR EXTENSION OF REGISTERED
PREMISES**

FREE STATE GAMBLING AND LIQUOR ACT, 2010

DATE..... **REFERENCE NO**.....

Approval is granted to (registrant) to effect structural alterations to registered premises / extend the registered premises* in respect of

.....
.....

The structural alterations to / extension* of the registered premises that are approved is attached hereto as Annexure

.....
ON BEHALF OF FREE STATE GAMBLING AND LIQUOR AUTHORITY

**Delete part which is not applicable*

FORM FSLA10
APPLICATION IN TERMS OF SECTION 39 FOR THE TRANSFER OF REGISTRATION

Date stamp

For official use

Amount R.....

Reference No.....

Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Application	Form FSLA10
(ii) Comprehensive written representations	A
(iii) Proof of payment of prescribed fees	B
Application prepared by.....	
Postal address.....	
Telephone no.	

PART A
INFORMATION RELATING TO THE APPLICANT WHO IS THE REGISTRANT

- 1 Full names of registrant.....
- 2 If applicant is not a natural person, state the names, identity number and address of each shareholder, member, partner or beneficiary.....
- 3 Under what name is the registered business conducted?.....
- 4 (a) Describe the situation of the premises where the registered business is conducted with reference to the erf, street or farm number.....
- (b) In which municipality is the premises referred to in subparagraph (a), situated?.....
- 5 What is reason for transfer of registration?.....

I declare/truly affirm that the information furnished in Part A and B of this application in so far as it relates to me/the applicant on whose behalf I am authorized to sign the application, is true.

Date.....

.....
Signature of applicant who is the holder of the registration or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at.....this
..... day of.....by the applicant who is the
registrant/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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of
this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

PART B
INFORMATION RELATING TO THE APPLICANT WHO IS THE PROSPECTIVE HOLDER

- 1 (a) Full names of applicant.....
- (b) Age.....
- (c) Identity number or in the case of a company or close corporation, its registration number
.....
- (d) Residential address or address of registered office.....
- (e) Business address and location of the premises to which the application relates
.....
- (f) Postal address.....
- (g) Business telephone number.....

[Delete (b) if applicant is not a natural person]

2 If applicant is not a natural person, state the names, identity number and address of each shareholder,
member, partner or beneficiary.....

- 3 (a) Is applicant a person who -
- (i) a person who has been convicted of a contravention of this
Act or any other liquor legislation within the three years
immediately preceding the date of application?

Yes

No

(ii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -

(a) after the coming into operation of this Act; and

(b) within the three years immediately preceding the date of application.

Yes No

(iii) an unrehabilitated insolvent?

Yes No

(iv) is a minor?

Yes No

(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (a) -

(i) has a controlling interest in such a company, close corporation or trust

Yes No

(ii) is a partner in such a partnership

Yes No

(iii) is the main beneficiary under such a trust

(Mark the applicable square)

Yes No

(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details

(Use an annexure if necessary)

4 (a) State the names, identity number and address of each person -

(i) who, including the applicant, has any financial interest in the business to which the registration relates; and

(ii) who, including the applicant, will have such interest if the application is granted,

and in each case, the nature and extent of such interest. [In the case of a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act 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 not also the interests of individual members of such company, statutory institution or co-operative.]

(Use an annexure if necessary)

(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned.).....

(Use an annexure if necessary)

(c) If the application relates to a liquor store registration, sorghum beer brewer's registration or sorghum beer registration for off-consumption, is the applicant -

(i) a producer or his or her agent? Yes No

(ii) a manufacturer of beer or his or her agent? Yes No

(iii) a person who has a financial interest in the business of a producer or a manufacturer of beer, or the agent of such a person? Yes No

(iv) a company in which shareholders having a financial interest in the business of a manufacturer of beer, together hold a controlling interest, or the agent of such a company? Yes No

(v) a company in which a company contemplated in subparagraph (c)(iv) holds a controlling interest, or the agent of such a company? Yes No

(Delete subparagraph (c) if not applicable)

(Mark the applicable square)

5 If application is made for the transfer of a micro-manufacturer's registration for the production of wine only, is applicant -

(i) a person who engages in viticulture? Yes No

(ii) an association of persons the majority of the members of which engages in viticulture? Yes No

(iii) a co-operative society, which manufactures wine from grapes produced by members of the co-operative society and of which no other such co-operative society is a member? Yes No

(Delete paragraph 5 if not applicable)

(Mark the applicable square)

6 If application is made for the transfer of a producer's registration, is applicant a person who -

(i) engages in viticulture? Yes No

(ii) manufactures any other fermented beverage? Yes No

(Delete paragraph 6 if not applicable)
(Mark the applicable square)

7 Under what name is the business to be conducted?.....

8 Will applicant have the right to occupy the premises referred to in paragraph 4(a) of Part A of the application, including such place on other premises upon which any approval or determination is exercised, for the purposes of the registration?

(Mark the applicable square)

Yes No

I declare/truly affirm that the information furnished in Part B of this application in so far as it relates to me/the applicant on whose behalf I am authorized to sign the application and in the documents attached to it, is true.

Date.....

Signature of applicant who is the prospective holder or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at this day of by the applicant who is the prospective holder/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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

FORM FSLA11
APPROVAL IN TERMS OF SECTION 39 FOR THE TRANSFER OF REGISTRATION

DATE..... REFERENCE NO.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

The.....registration certificate, held by.....

in respect of premises situated at.....

in the local municipality of....., under which business is

conducted under the name of....., is hereby
transferred to

The business will in future be conducted under the name of.....

This registration shall be of no force and effect unless the prescribed registration fees have been paid into the bank account of the Free State Gambling and Liquor Authority and proof thereof has been submitted to the Free State Gambling and Liquor Authority. Payment of the prescribed fees is to be made within sixty days after the undermentioned date of issue.

Date of issue	Prescribed fees	Payable on or before

.....
ON BEHALF OF FREE STATE GAMBLING AND LIQUOR AUTHORITY

**FORM FSLA12
NOTIFICATION IN TERMS OF SECTION 39(3) REGARDING PROCURING OF A CONTROLLING
INTEREST OVER THE REGISTRANT**

Date stamp

For official use

Amount R.....

Reference No.....

Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Notification	Form FSLA12
(ii) Comprehensive written representations	A
(iii) Proof of payment of prescribed fees	B
Application prepared by.....	
Postal address.....	
Telephone no.	

**PART A
INFORMATION RELATING TO THE REGISTRANT**

- 1 Full names of registrant.....
- 2 If registrant is not a natural person, state the names, identity number and address of each shareholder, member, partner or beneficiary.....
.....
- 3 Under what name is the registrant business conducted?.....
- 4 (a) Describe the situation of the premises where the registrant business is conducted with reference to the erf, street or farm number.....
- (b) In which local municipality is the premises referred to in subparagraph (a), situated?.....
.....

I declare/truly affirm that the information furnished in Part A and B of this application in so far as it relates to me/the registrant on whose behalf I am authorized to sign the application, is true.

Date.....

.....
Signature of applicant who is the holder of the registration certificate or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at.....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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./'I truly affirm that the contents of
this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

PART B
INFORMATION RELATING TO THE PERSON WHO OBTAINED CONTROL (APPLICANT)

1 (a) Full names of applicant.....

(b) Age.....

(c) Identity number or in the case of a company or close corporation, its registration number
.....

(d) Residential address or address of registered office.....

(e) Business address and location of the premises to which the application relates
.....

(f) Postal address.....

(g) Business telephone number.....

[Delete (b) if applicant is not a natural person]

2 If applicant is not a natural person, state the names, identity number and address of each shareholder,
member, partner or beneficiary.....

.....

3 What other category of registration does applicant hold?
.....

.....

.....

.....

4 (a) Is applicant a person who –

- (i) a person who has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?

Yes

No

- (ii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time –

(a) after the coming into operation of this Act; and

(b) within the three years immediately preceding the date of application.

Yes

No

- (iii) an unrehabilitated insolvent?

Yes

No

- (iv) is a minor?

Yes

No

(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (a) –

- (i) has a controlling interest in such a company, close corporation or trust

Yes

No

- (ii) is a partner in such a partnership

Yes

No

- (iii) is the main beneficiary under such a trust

(Mark the applicable square)

Yes

No

(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details

(Use an annexure if necessary)

5 (a) State the names, identity number and address of each person –

- (i) who, including the holder of the registration certificate, has any financial interest in the business to which the registration relates; and
- (ii) who, including the applicant, will have such interest if the application is granted,

and in each case, the nature and extent of such interest. [In the case of a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act 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 not also the interests of individual members of such company, statutory institution or co-operative.]
(Use an annexure if necessary)

(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned.).....
.....
(Use an annexure if necessary)

(c) If the application relates to a liquor store registration, sorghum beer brewer's registration, sorghum beer registration for off-consumption or a special events registration for off-consumption, is the applicant -

(i) a producer or his or her agent? Yes No

(ii) a manufacturer of beer or his or her agent? Yes No

(iii) a person who has a financial interest in the business of a producer or a manufacturer of beer, or the agent of such a person?
 Yes No

(iv) a company in which shareholders having a financial interest in the business of a producer or a manufacturer of beer, together hold a controlling interest, or the agent of such a company?
 Yes No

(v) a company in which a company contemplated in subparagraph (c)(iv) holds a controlling interest, or the agent of such a company?
(Delete subparagraph (c) if not applicable)
(Mark the applicable square)
 Yes No

I declare/truly affirm that the information furnished in Part B of this application in so far as it relates to me/the applicant on whose behalf I am authorized to sign the application and in the documents attached to it, is true.

Date.....

.....
Signature of applicant who is the proposed person or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at.....this day of.....by the applicant who is the proposed person/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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

FORM FSLA13
APPLICATION IN TERMS OF SECTION 40(3) FOR THE APPOINTMENT OF A PERSON TO CONDUCT
REGISTERED ACTIVITIES PENDING APPOINTMENT OF ADMINISTRATOR

Date stamp

For official use

Amount R.....

Reference No.....

Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Application	Form FSLA13
(ii) Copy of registration certificate	A
(iii) Comprehensive written representations	B
(iv) Proof of notices required by section 40(4)(a)	C
(v) Confirmation that an Administrator has not yet been appointed	D
(vi) If proposed appointment is a registrant submit a separate sheet setting out details of such registration	E
(vii) Proof of payment of prescribed fee	F

Application prepared by.....

Postal address.....

Telephone no.

1 Full names of applicant.....

2 If applicant is not a natural person, state the names, identity number and address of each shareholder, member, partner or beneficiary.....

3 (a) Under what name is the registered business conducted?.....

(b) (i) Will the name change?
(Mark applicable square)

Yes

No

(ii) If so, state new name.....

4 (a) Describe the situation of the premises where the registered business is conducted with reference to the erf, street or farm number

.....

(b) Describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number

.....

5 State for what period this approval is required.....

.....

.....

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at 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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA14
APPROVAL IN TERMS OF SECTION 40(3) FOR THE APPOINTMENT OF A PERSON TO CONDUCT
REGISTERED ACTIVITIES PENDING APPOINTMENT OF ADMINISTRATOR**

Reference No.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

Approval is granted that the registration in respect of premises situated at.....and upon which business is conducted under the name of....., is hereby temporarily transferred to (name of person)

The appointment is permitted for the period.....

The determinations, consent, approvals and authorities which have been granted are set out in Annexure(s) hereto.

This approval shall be subject to the conditions determined by the Free State Gambling and Liquor Authority in terms of the Free State Gambling and Liquor Act, 2010 as set out in Annexure..... and any conditions set out in said Act.

.....
ON BEHALF OF FREE STATE GAMBLING AND LIQUOR AUTHORITY

**FORM FSLA15
NOTICE OF INTENTION TO APPLY IN TERMS OF SECTION 41 FOR THE TEMPORARY REMOVAL OF
REGISTRATION**

FREE STATE GAMBLING AND LIQUOR ACT, 2010				
Notice is hereby given that intends to lodge an application for temporary removal of registration, particulars of which appear hereunder, with the Free State Gambling and Liquor Authority.				
1	2	3	4	5
Full names, street and postal address of applicant	Kind of registration to be transferred	Kind of product to be sold/manufactured	Full address of registered premises and local municipality in which situated	Name under which business is to be conducted and full address of other premises

Any person may lodge an objection within 21 days from (date of publication in *Provincial Gazette*) in writing to the Free State Gambling and Liquor Authority. The objection must clearly indicate the full names, identity number, residential address, postal address and telephone number, if any, and where applicable, its registration number and address of its office, of the objector. The objection must also identify the application to which it relates. The application may be inspected at the offices of the Free State Gambling and Liquor Authority during its office hours at the following address:

.....
.....

Objections must be submitted to:

.....
.....
.....

Place..... *Signature of applicant or person authorized to sign application*

Date.....

Footnote:

Complete columns as follows:

- (i) Column 1.-State surname of applicant followed by his or her full first names, residential, business and postal address. If applicant is not a natural person, state the full names of such person followed by the address of its registered office.
- (ii) Column 2.-State the kind of registration to be removed with due regard to section 42, and in the case of a sorghum beer license, state whether liquor is sold for consumption on or off the registered premises.
- (iii) Column 3.-State the kind of product to be sold/manufactured.
- (iv) Column 4.-Describe the situation of the premises where the registered business is conducted with reference to the erf, street or farm number and state the local municipality in which it is situated.
- (v) Column 5.-State the name under which business is to be conducted and describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number, including such place on other premises upon which any approval or determination is to be exercised.

FORM FSLA16
APPLICATION IN TERMS OF SECTION 41 FOR THE TEMPORARY REMOVAL OF REGISTRATION

Date stamp

For official use

Amount R.....

Reference No.....

Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Application	Form FSLA16
(ii) Plan of the premises	A
(iii) Description of the premises	B
(iv) Comprehensive written representations	C
(v) Proof of notices required by Regulation 43(2)	D
(vi) Proof of payment of prescribed fees	E
Application prepared by.....	
Postal address.....	
Telephone no.	

1 Full names of applicant.....

2 If applicant is not a natural person, state the names, identity number and address of each shareholder, member, partner or beneficiary.....

3 (a) Under what name is the registered business conducted?.....

(b) (i) Will the name change as a result of the removal?

Yes

No

(Mark applicable square)

(ii) If so, state new name.....

4 (a) Describe the situation of the premises where the registered business is conducted with reference to the erf, street or farm number

.....

(b) Describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number

.....

5 (a) Are the premises referred to in paragraph 4(a) and (b) in the same municipality?
(Mark the applicable square)

Yes	No
-----	----

(b) State the shortest distance by road from the premises referred to in paragraph 4(a) to the premises referred to in paragraph 4(b).....

.....

6 In the case of a micro-manufacturer's registration for the production of wine only, describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number.....

7 In the case of a producer's registration, describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number.....

8 Will applicant have the right to occupy the premises referred to in paragraph 4(b), including such place on other premises upon which any approval or determination is to be exercised, for the purposes of the registration?

(Mark the applicable square)

Yes	No
-----	----

9 In the case of an application for the temporary removal of an on-consumption registration, state in which portion of the premises the sale of liquor is to take place.....

10 (a) Is application made in respect of premises which -

(i) have not yet been erected?

Yes	No
-----	----

 ;or

(ii) are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?

Yes	No
-----	----

 ; or

(iii) are already erected and, in the applicant's opinion, do not require additions or alterations in order to make them suitable for such purposes?

Yes	No
-----	----

(b) If paragraph 10(a)(i) or (ii) applies, state -

(i) the date on which such erection, additions, or alterations will be commenced with.....; and

(ii) the period which will be required for the erection, additions or alterations.....

11 State for what period such removal is desired.....

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date..... **Signature of applicant or person authorized to sign application**

I certify that this declaration has been signed and sworn to/affirmed before me at 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,

And that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

..... Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is ex officio.....

**FORM FSLA17
APPROVAL FOR TEMPORARY REMOVAL IN TERMS OF SECTION 41 OF REGISTRATION**

Reference No.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

The.....registration granted in respect of premises situated at.....and upon which business is conducted under the name of....., is hereby temporarily removed to premises situated at.....in the local municipality of.....where business will be conducted under the name of.....

The temporary removal is permitted for the period.....

The determinations, consent, approvals and authorities which have been granted are set out in Annexure(s) hereto.

This approval shall be subject to the conditions determined by the Free State Gambling and Liquor Authority in terms of the Free State Gambling and Liquor Act, 2010 as set out in Annexure..... and any conditions set out in said Act.

Liquor not required for immediate sale shall be stored on the registered premises/at a place indicated in Annexure..... hereto.

This registration shall be of no force and effect unless the prescribed registration fees have been paid into the bank account of the Free State Gambling and Liquor Authority and proof thereof has been submitted to the Free State Gambling and Liquor Authority. Payment of the prescribed fees is to be made within sixty days after the undermentioned date of issue.

Date of issue	Prescribed fees	Payable on or before

.....
ON BEHALF OF FREE STATE GAMBLING AND LIQUOR AUTHORITY

FORM FSLA18
APPLICATION IN TERMS OF SECTION 27(2) FOR MICRO-MANUFACTURER OR AUTHORISED
DEALER OF METHYLATED SPIRITS REGISTRATION CERTIFICATE

Date stamp

For official use

Amount R.....
Reference No.....
Date.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

<i>Description of document</i>	<i>Annexure</i>
(i) Application	Form FSLA18
(ii) Plan of the premises approved by municipality	A
(iii) Comprehensive written representations	B
(iv) In the case of authorized dealer an indication where methylated spirits will be held	C
(v) Proof of payment of prescribed fees	D
(vi) Certified copy of the identity document or certified proof in the case of trust, consortium, partnership or other legal entity	F

Application prepared by.....
Postal address.....
Telephone No.....

-
- 1 (a) Full names of applicant.....
 - (b) Age.....
 - (d) Identity number or in the case of a company or close corporation, its registration number
.....
 - (d) Residential address or address of registered office.....
 - (e) Business address and location of the premises to which the application relates
.....
.....
 - (f) Postal address.....
 - (g) Business telephone number.....
[Delete (b) if applicant is not a natural person]
 - 2 (a) Is applicant –

(i) a minor ? Yes No

(ii) a person who has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?
 Yes No

(iii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -
(a) after the coming into operation of this Act; and
(b) within the three years immediately preceding the date of application.
 Yes No

(iv) an unrehabilitated insolvent? Yes No

(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (a) -

(i) has a controlling interest in such a company, close corporation or trust
 Yes No

(ii) is a partner in such a partnership Yes No

(iii) is the main beneficiary under such a trust
(Mark the applicable square)
 Yes No

(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details

(Use an annexure if necessary)

3 (a) State the names, 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 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 not also the interests of individual members of such company, statutory institution or co-operative.....

(Use an annexure if necessary)

(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned).....

.....
(Use an annexure if necessary)

4 State kind of registration applied for.....

5 If application is made for a micro-manufacturer's registration -

(a) is applicant a person who -

(i) engages in viticulture?

 Yes No

(ii) manufactures any other fermented beverage?

 Yes No

(b) describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number.....

.....
(Delete paragraph 6 if not applicable)
(Mark the applicable square)

6 Under what name is the business to be conducted?.....

7 (a) Describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number.....

(b) In which municipality is the premises referred to in subparagraph (a), situated?
.....

8 Will applicant have the right to occupy the premises referred to in paragraph 9, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for? (Mark the applicable square)

 Yes No

9 (a) Is application made in respect of premises which -

(i) have not yet been erected?

 Yes No ;or

(ii) are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?

 Yes No ;or

(iii) are already erected and, in the applicant's opinion, do not require additions or alterations in order to make them suitable for such purposes?

Yes

No

(b) If paragraph 9(a)(i) or (ii) applies, state -

(i) the date on which such erection, additions or alterations will be commenced with; and

(ii) the period which will be required for the erection, additions or alterations

Yes

No

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at.....thisday 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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA19
REGISTRATION CERTIFICATE: MICRO-MANUFACTURER OR AUTHORISED DEALER OF
METHYLATED SPIRITS**

Reference No.....

FREE STATE GAMBLING AND LIQUOR ACT, 2010

.....REGISTRATION

.....is hereby registered to sell/manufacture methylated spirits and to
conduct under the name of.....

Upon premises, the plan of which has been approved, situated at.....

.....in the local municipality of.....
such business as is, in accordance with the conditions set out in terms of the Act or any other law,
authorized to be conducted under the abovementioned registration.

The determinations, consent, approvals and authorities which have been granted are set out in
Annexure(s)..... hereto.

This registration shall be subject to the conditions determined by the Free State Gambling and Liquor
Authority in terms of the Free State Gambling and Liquor Act, 2010, as well as conditions contained in said
Act. The conditions determined are set out in Annexure hereto.

This registration shall be of no force and effect unless the prescribed registration fees have been paid into
the bank account of the Free State Gambling and Liquor Authority and proof thereof has been submitted to
the Free State Gambling and Liquor Authority. Payment of the prescribed fees is to be made within sixty
days after the undermentioned date of issue.

Date of issue	Prescribed fees	Payable on or before

.....
Person acting under power of the Free State Gambling and Liquor Authority

**FORM FSLA20
COMPLIANCE NOTICE**

FREE STATE GAMBLING AND LIQUOR ACT, 2010

DATE..... REFERENCE NO.....

TO:
.....
.....
.....

1. Please take notice that the inspector/police officer named below states that you have failed to comply with the following provisions of the Free State Gambling and Liquor Act, 2010 and its regulations as set out on attached sheet (Annexure
2. The particulars of your failure to comply are as set out on the attached sheet (Annexure
3. You are hereby required to take the actions, or cease the actions, set out in the attached sheet, within the time specified in respect of each of them (Annexure
4. Failure to comply with this notice may result in any one or more of the following penalties:
 - 4.1 Prosecution in terms of section 128(2)(e) of the Free State Gambling and Liquor Act, 2010, for the offence of failure to comply with this notice, for which the penalty upon conviction is a fine or imprisonment for a term not exceeding 10 years, or to both a fine and imprisonment.
 - 4.2 Prosecution for an offence in terms of section 128 of the Free State Gambling and Liquor Act, 2010, for which the penalty upon conviction is a fine or imprisonment for a term not exceeding 10 years, or to both a fine and imprisonment.
 - 4.3 Cancellation of your registration held under registration numberfor failure to comply with this notice, in terms of section 42 of the Free State Gambling and Liquor Act, 2010.

.....
NAME OF LIQUOR INSPECTOR OR POLICE OFFICER

FORM FSLA21
NOTICE IN TERMS OF REGULATION 52(2) OF THE FREE STATE GAMBLING AND LIQUOR ACT, 2010,
TO BE PRESENT AT A MEETING OF THE FREE STATE GAMBLING AND LIQUOR AUTHORITY

FREE STATE GAMBLING AND LIQUOR ACT, 2010

Reference No.....

TO:

Name:		
Address:		
Sex:	Age:	Id no:

By virtue of the powers vested in the Free State Gambling and Liquor Authority by Regulation 52(2) of the Act, you are hereby directed to be present at a meeting of the Free State Gambling and Liquor Authority which relates to and which will be held on the date, time and at the place indicated below.

Date	Time	Place

Your attention is drawn to the following:

- (i) It is compulsory for you to appear in person. If you are unable to appear in person you may appoint an advocate, attorney or any other person to appear on your behalf.
- (ii) It is an offence not to be present and to remain in attendance, without you having appointed somebody to appear on your behalf.
- (iii) The Free State Gambling and Liquor Authority may require from you to give evidence or to produce any document or any other thing which is in your possession or custody or under your control.

Place of issue.....

On behalf of the Free State Gambling and Liquor Authority

Date.....

FOR OFFICIAL USE ONLY

I certify that I have served this notice upon the said person by delivering a true copy to PERSONALLY; or

Delivering as he/she could not be found, a true copy to.....apparently over the age of 16 years and apparently residing or employed at the place of RESIDENCE/EMPLOYMENT/BUSINESS of the said.....

At.....

The nature and exigency of this notice was explained to the recipient thereof.

Time..... Day..... Month..... 20.....

.....
Signature of police officer or liquor inspector

FORM FSLA23
APPLICATION IN TERMS OF REGULATION 61 OF A NATURAL PERSON TO MANAGE AND BE RESPONSIBLE FOR THE BUSINESS TO WHICH THE REGISTRATION RELATES

Date-stamp

Reference no.

FREE STATE GAMBLING AND LIQUOR ACT, 2010

INDEX

Description of document

(i) Appointment Form FSLA23

Form completed by.....

Postal address.....

Telephone no.

1 Under what name is the registered business conducted?.....

2 In which local municipality is the premises referred to in paragraph 1 situated?.....

.....

3 State the following particulars of person whose appointment has been terminated (if applicable):

(a) Full names

(b) Identity number.....

(c) Date of termination of appointment.....

4 State the following particulars of person now appointment:

(a) Full names

(b) Age.....

(c) Identity number.....

(d) Relationship between him or her and the person who is the holder of the license

.....

(e) Is applicant -

(i) a minor ? Yes No

(ii) a person who has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application? Yes No

(iii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -

- (a) after the coming into operation of this Act; and
- (b) within the three years immediately preceding the date of application.

 Yes No

(iv) an unrehabilitated insolvent?

 Yes No

(v) the spouse of a person contemplated in subparagraphs (ii), (iii) and (iv)?

(Mark the applicable square)

 Yes No

(vi) domiciled in the Republic of South Africa

(Mark the applicable square)

 Yes No

(f) If any of the questions in subparagraph (e) have been replied to in the affirmative, provide full details (Use an annexure if necessary)

(g) Date of appointment:

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date.....

.....
Signature of the holder of the license or person authorized to sign Form

I certify that this declaration has been signed and sworn to/affirmed before me at.....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,

and that he/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'./I truly affirm that the contents of this declaration are true'.

.....
Commissioner of Oaths

Full names.....

Business address.....

Designation.....

Area for which appointment is held.....

Office held if appointment is *ex officio*.....

**FORM FSLA24
INSPECTOR'S CERTIFICATE**

FREE STATE GAMBLING AND LIQUOR ACT, 2010

DATE..... REFERENCE NO.....

The Free State Gambling and Liquor Authority responsible for Economic Affairs hereby appoints

.....
.....

to be an Inspector for the purposes of the Free State Gambling and Liquor Act, 2010, to investigate complaints in terms of the Act, to monitor and enforce compliance with the Act, and to perform any other functions and exercise any other powers conferred on an Inspector in terms of the Free State Gambling and Liquor Act, 2010.

.....
MEC responsible for Gambling and Liquor Matters

**SCHEDULE 2
FEES PAYABLE IN RESPECT OF APPLICATIONS**

Part A	Part B
Nature of application	Fees payable
Application in terms of section 27 read with section 31 for registration (excluding a special event and methylated spirits registration):	
- Accommodation establishment, except guesthouse	2500
- Accommodation establishment: Guesthouse	1750
- Restaurant	1500
- Club	1500
- Tavern	1250
- Night Club	2500
- Gambling establishment	2500
- Liquor store	1500
- Grocer's wine	750
- Micro-manufacturing of liquor	2500
Application in terms of section 54 for special events registration	1000
Application in terms of section 37 for variation of conditions of registration	500
Application in terms of section 38 for alteration or extension of registered premises	500
Application in terms of section 39(3) to procure a controlling interest in the business to which the registration relates	500
Application in terms of section 39 or 41 for the transfer or removal of registration:	
- Accommodation establishment	788
- Restaurant	750
- Club	750
- Tavern	625
- Night Club	1250
- Gambling establishment	1250
- Liquor store	750
- Grocer's wine	375
- Micro-manufacturing of liquor	1250
Application in terms of section 40(3) for the appointment of a person to conduct registered activities pending appointment of Administrator	500
Application in terms of section 27(2) for registration as micro-manufacturer of methylated spirits	750
Application in terms of section 27(2) for registration as authorized dealer of methylated spirits	750
Application in terms of regulation 61 of a natural person to manage and be responsible for the business to which the registration relates	500

**SCHEDULE 3
FEES PAYABLE IN RESPECT OF REGISTRATION CERTIFICATES**

Registration	Part A	Part B	Part C
	Fees payable in respect of a new registration	Fees payable in respect of the transfer of a registration	Annual registration fees
Accommodation establishment, except guesthouse	1750	788	3500
Accommodation establishment: Guesthouse	2500	1250	5000
Restaurant	1500	750	3000
Club	1500	750	3000
Tavern	1250	625	2500
Night Club	2500	1250	5000
Gambling establishment	2500	1250	5000
Liquor store/authorized dealer of methylated spirits	1500	750	3000
Grocer's wine	750	375	5000
Micro-manufacturing of liquor/methyltd spirits	2500	1250	5000
Special events registration	1000	N/A	N/A

**SCHEDULE 4
TIMES OF BUSINESS**

Type of business	Business hours
Accommodation establishment	10:00 – 00:00
Restaurant	10:00 – 00:00
Tavern	14:00 – 00:00
Club	10:00 – 22:00
Night club	18:00 – 04:00
Gambling establishment (excluding casino)	10:00 – 04:00
Casino	08:00 – 06:00
Special event	As determined in registration certificate
Liquor store:	
(a) Wholesale	08:00 – 18:00
(b) Other liquor store	08:00 – 18:00
Grocer's wine	08:00 – 20:00

PROVINCIAL GAZETTE
(Published every Friday)

All correspondence, advertisements, etc. must be addressed to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, Tel.: (051) 403 3139. Free Voucher copies of the Provincial Gazette or cuttings of advertisements are NOT supplied.

Subscription Rates (payable in advance)

The subscription fee for the Provincial Gazette (including all Extraordinary Provincial Gazettes) are as follows:

SUBSCRIPTION: (POST)

PRICE PER COPY	R 16.80
HALF-YEARLY	R420.10
YEARLY	R840.30

SUBSCRIPTION: (OVER THE COUNTER / E-MAIL)

PRICE PER COPY	R 10.70
HALF-YEARLY	R 266.20
YEARLY	R 532.45

Stamps are not accepted

Closing time for acceptance of copy

All advertisements must reach the Officer in Charge of the Provincial Gazette **not later than 16:00, three working days** prior to the publication of the Gazette. Advertisements received after that time will be held over for publication in the issue of the following week, or if desired by the advertiser, will be inserted in the current issue as a "Late Advertisement". In such case the advertisement must be delivered to the Officer in Charge **not later than 08:00 on the Tuesday** preceding the publication of the Gazette and double rate will be charged for that advertisement.

A "Late Advertisement" will not be inserted as such without definite instructions from the advertiser.

Advertisement Rates

Notices required by Law to be inserted in the Provincial Gazette: R15.30 per centimeter or portion thereof, single column.

Advertisement fees are payable in advance to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, 9300, Tel.: (051) 403 3139.

NUMBERING OF PROVINCIAL GAZETTE

You are hereby informed that the numbering of the Provincial Gazette /Tender Bulletin and notice numbers will from 2010 coincide with the relevant financial year. In other words, the chronological numbering starting from one will commence on or after 1 April of every year.

Printed and published by the Free State Provincial Government

PROVINSIALE KOERANT
(Verskyn elke Vrydag)

Alle korrespondensie, advertensies, ens. moet aan die Beampte Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, Tel.: No. (051) 403 3139 geadresseer word. Gratis eksemplare van die Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie.

Intekengeld (vooruitbetaalbaar)

Die intekengeld vir die Provinsiale Koerant (insluitend alle Buitengewone Provinsiale Koerante) is soos volg:

INTEKENGELD: (POS)

PRYS PER EKSEMPLAAR	R 16.80
HALFJAARLIKS	R420.10
JAARLIKS	R840.30

INTEKENGELD: (OOR DIE TOONBANK / E-POS)

PRYS PER EKSEMPLAAR	R 10.70
HALFJAARLIKS	R 266.20
JAARLIKS	R 532.45

Seëls word nie aanvaar nie.

Sluitingstyd vir die Aanneem van Kopie

Alle advertensies moet die Beampte Belas met die Provinsiale Koerant bereik **nie later nie as 16:00 drie werksdae** voordat die Koerant uitgegee word. Advertensies wat na daardie tyd ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit in die Koerant wat op die pers is as 'n "Laat Advertensie" geplaas word. In sulke gevalle moet die advertensie aan die Beampte oorhandig word **nie later nie as 08:00 op die Dinsdag** voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word.

'n "Laat Advertensie" sal nie sonder definitiewe instruksies van die Adverteerder as sodanige geplaas word nie.

Advertensietariewe

Kennisgewings wat volgens Wet in die Provinsiale Koerant geplaas moet word: R15.30 per sentimeter of deel daarvan, enkel-kolom.

Advertensiegelde is vooruitbetaalbaar aan die Beampte belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300, Tel.: (051) 403 3139.

NOMMERING VAN PROVINSIALE KOERANT

U word hiermee in kennis gestel dat die nommering van die Provinsiale Koerant / Tender Bulletin en kennisgewingnummers vanaf 2010 met die betrokke boekjaar sal ooreenstem. Met ander woorde, die kronologiese nommering beginnende met een, sal op of na 1 April van elke jaar begin.

Gedruk en uitgegee deur die Vrystaatse Provinsiale Regering