

FSGLTA

Operations Division
 Liquor Processing Sub-Division
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Official Stamp

APPLICATION IN TERMS OF SECTION 41 FOR THE TEMPORARY REMOVAL OF REGISTRATION**FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED**

Please print clearly or type the information on this application. **An application and registration fee are required**, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office. **Application are 'only' accepted first Friday of Each Month**

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Building plan of the premises approved by municipality	A
(iii)	Detailed description of external and internal features of premises	B
(iv)	Comprehensive written representations	C
(v)	Proof of notices required by section 43(2)	D
(vi)	Proof of payment of prescribed fee	E

To be completed if application is not prepared by applicant

Name and Surname: <i>(if applicable)</i>	Law Firm/ Consultant: <i>(if applicable)</i>
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:		
Birth Date: / /	Identity No/Passport No:	Age:	Nationality:	Sex:
Residential Address:		Town:	Postal Code:	
Contact Details: ()		Email Address:		
Below indicated information in with the business will reside				
ERF Number:	Business Street Address:	Town/City:		
Postal Code:	Local Municipality:			

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
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Under what name is the registered business Conducted?	
Will the name change because of the removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state the new name	

Indicate new business address		
Erf Number:	Business Street Address:	Town/City:
Local Municipality:		Postal code:

Part B

(a) 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	

Part H (8)

(a) Is application made in respect of premises which-	
(i) Have not yet been erected	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) are already erected and, in the applicant's opinion, do not require additions or alterations to make them suitable for such purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If paragraph 8(a)(i) or (ii) applies, state-	
(i) The date on which such erection, additions or alterations will be commenced with	
(ii) The period which will be required for the erection, additions or alterations	

Disclaimer and Signature

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 the/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 name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____