

FSGLTA

Operations Division
 Liquor Processing Sub-Division
 Telephone: (051) 404 0300
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Official Stamp

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

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.

INDEX (information required at lodgement)

No Document Description
 (i) Application

Annexure
 Form FSLA 1

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 (details of Manager Appointed)

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:	Name of Outlet:		

Part B

(a) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor	<input type="checkbox"/> Yes <input type="checkbox"/> No

legislation within the three years immediately preceding the date of application?	
Has the applicant 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Domiciled in the Republic of south Africa	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Date of Appointment	

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: _____