

FSGLTA

Operations Division
 Liquor Processing Sub-Division
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Official Stamp

APPLICATION IN TERMS OF SECTION 54 FOR A SPECIAL EVENTS REGISTRATION CERIFICATE**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 accepted 14 days before the date of event**

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Comprehensive written representations	A
(iii)	Proof of Payment of Prescribed fees	B
(iv)	Report from the SAPS if event is less than 2500 patrons	C
(v)	SASREA Report if the event is over 2500 patrons	D
(vi)	Rough drawing of event layout plan	E

To be completed if application is not prepared by applicant

Name and Surname: (If applicable)	Law Firm/ Consultant: (if applicable)
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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Part B

(a) Is applicant a registrant in terms of the Free State Gambling and Liquor Act, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If subparagraph (a) has been replied to in the affirmative, state -	
(i) The kind of registration: f	
(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 <i>bona fide</i> public function on the premises of the club in respect of which he or she is registered -	
which relates to any game, match, competition or social occasion which forms part of the activities normally taking place on the premises (Mark the applicable square) (Delete the subparagraphs which are not applicable) or for which no suitable facilities are reasonably available at any place other than the premises of the club in the near vicinity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Part C

(a) If applicant is not the holder of a registration certificate referred to in paragraph 3-
(i) On behalf of what or who does applicant apply?
(ii) What position does applicant hold in institution?

Part D (4)

(a) Is applicant a person who-	
(i) has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 -	
(1) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) within the three years immediately preceding the date of application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

(iii)	Is an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv)	Is a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If any of the questions in subparagraph (a) have been replied to in the affirmative, provide full details		

Part E (5)

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

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

(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?

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

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

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

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: _____