

**FSGLTA**

Operations Division  
 Liquor Processing Sub-Division  
 Telephone: (051) 404 0300  
 Email: [Reception@fsglta.gov.za](mailto:Reception@fsglta.gov.za)  
 Website: [www.gla.fs.gov.za](http://www.gla.fs.gov.za)



Official Stamp

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

**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)**

<b>No</b>	<b>Document Description</b>	<b>Annexure</b>
(i)	Application	Form FSLA 1
(ii)	Approved plan building plan 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 from the relevant municipality	F
(viii)	Certified Copy of Identity Document or Company documents	H

**To be completed if application is not prepared by applicant**

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

**Part A (Applicant information)**

**To be completed if applicant is Natural Person**

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

To be completed if applicant is juristic person

<b>Name of Company:</b>	<b>Registration Date:</b> / /	<b>Company Registration Number:</b>
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## Part B

(a) Describe your intention to alter the existing structure and attach the initial plan with clearly drawn up alteration marked with red pen.

Click or tap here to enter text.

(b) Submit comprehension written motivation (attach your motivation on a separate page as annexure on this form)

Click or tap here to enter text.

## 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: \_\_\_\_\_