



CITY HEALTH

APPLICATION IN TERMS OF SECTION 6 OF THE CITY OF CAPE TOWN: CONTROL OF UNDERTAKINGS THAT SELL LIQUOR TO THE PUBLIC BY-LAW, 2013, FOR SUNDAY TRADING FOR OFF-CONSUMPTION PREMISES FROM 11:00 TO 18:00

All fields must be filled in

DETAILS OF LICENCEE

1. Liquor license number

2. Full name of licensee

3. If the licensee is not a natural person, state the name, identity number and address of each shareholder, member or partner. (use an annexure if required)

4. Name and address of the licensed premises

5. Provide details of the premises where the licensed business is conducted with reference to the number of the erf, street(s), apartment, shop(s) or farm, as the case may be

ERF No.

6. Contact number

7. State reason(s) why licensee is applying for trading on Sundays (use an annexure if required)

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

Signature Date

(written authorisation to sign on behalf of licensee to be attached)

Name (printed) Application prepared by

Postal address Physical address

Work tel: Cell:

Fax: E-mail:

Signature Date

(written authorisation to sign on behalf of licensee to be attached)

Name (printed)

Liquor licence number

FOR OFFICIAL USE ONLY**SAFETY AND SECURITY**

Comment or state history of nuisance(s) and/or any complaints received or action taken in respect of the premises or licensee.

Name of official

Signature

Date

(The applicant must now pay a non-refundable application fee and hand in the application and receipt , or proof of payment, at the designated Environmental Health Office. The fee is payable at any cash office into Profit Centre 18070172). Alternatively, an EFT payment can be made into the City's Nedbank account. Under 'Benefit type' select the bank-listed beneficiary and under 'Benefit Name' type 'City' and a drop-down menu will appear. Select 'City of Cape Town Municipality'. In the 'Beneficiary Reference' field enter the nine-digit number: 192131688. [View the City Health tariffs.](#)

Application fee

Receipt number

Payment date