



**FORM F**

**THE KIAMBU COUNTY ALCOHOLIC DRINKS CONTROL ACT**

**APPLICATION FOR THE GRANT OR RENEWAL OF AN ALCOHOLIC  
DRINK LICENCE- WHOLESALERS, DEPOT & DISTRIBUTORS OR  
SUPERMARKETS**

*(To be completed in Triplicate)*

1.Name of Applicant.....

2.Applicant Postal Address.....

3.Address and Plot Number of Premises .....

*(Give sufficient details to adequately identify the premises)*

Street..... Phone Number.....

4.Name by which premises known.....

5.If for renewal, give expiring license Number.....

6.License to run from.....to.....

7.Type of license applied for.....

8. Declaration by the Applicant:

I .....hereby declare and certify that  
the information given in this application including attachments thereto are true and correct to the  
best of my knowledge and belief.

**Date ..... Signature of Applicant .....**

*(Please ensure you attach the Building occupation certificate, Kiambu County rates clearance certificate, tax compliance certificate relating to the business, certificate of incorporation (if it is a corporate body) /or registration of business name and the copies of the Identity Cards of the business name proprietors), written authority from a licensed manufacturer or a Distributor in respect of the alcoholic drinks and form B (mandatory).*

*Please note that an application will not be processed without the aforesaid attachments.*

**FOR OFFICIAL USE ONLY**

**9. Other requirements under section 20(2) (e)**

**a. Evaluation for compliance with the Physical Planning laws and Building Code**

I..... Designation .....  
PF. No. .... Do hereby confirm that the applicant has **complied/  
or not complied** (*delete what is not applicable*) with the physical planning laws and building  
Code. Further, I also hereby authenticate/refuse to authenticate the certificate of occupation  
attached hereto.

**Reasons for any adverse decision taken**

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.....  
.....

Signature ..... Date .....

**b. Evaluation for compliance with the Environmental Laws**

I.....Designation  
..... PF. No. .... Do hereby confirm that the  
applicant has **complied/ not complied** with the relevant environmental Laws.

**Areas of none compliance with the relevant environmental laws**

.....  
.....  
.....

Signature ..... Date .....

**c. Evaluation for compliance with the Public Health laws**

I.....Designation ..... PF. No.  
..... Do hereby confirm that the applicant has complied/not complied with  
the Public Health Laws. Further, I also hereby authenticate/ refuse to authenticate the  
certificate of Public Health attached hereto.

**Reasons for any adverse decision taken**

.....  
.....

Signature ..... Date .....

**d. Evaluation of compliance with the Kiambu County Alcoholic Drinks Control Act, 2018**

I..... Designation  
..... PF. No. .... Do hereby confirm that the applicant has complied/ not complied with requirements set out under the Kiambu County Alcoholic Drinks Control Act, 2018, including the requirements relating to size of the premises, location in relation to a school or residential areas (attach the Form L where applicable) and the provisions of sanitary services, water, lighting and related utilities.

**Areas of none compliance with the Kiambu County Alcoholic Drinks Control Act, 2018**

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.....

Signature ..... Date .....

**e. Confirmation of payment of application fees, rates, licence fees and any other related costs**

I..... Designation  
..... PF. No. .... Do hereby confirm that the applicant has paid the fees as prescribed in the Third Schedule and other related charges and costs, including land rates.

Signature ..... Date .....