



FORM L

THE KIAMBU COUNTY ALCOHOLIC DRINKS CONTROL ACT

RESIDENTS CONSENT FORM

We the undersigned, holders of the Identity Card Number attached to this consent and being resident as owners/occupiers of the properties described herein do hereby confirm that we are aware of the application for type of licence and we consent to the grant of the licence applied for.

s/n	Name and identification card/ passport number	Plot/ house number	Telephone number	Signature

(Attach additional sheets as necessary. Attach copies of the national identity card or passports of signatories)

