



Application form
ON-CONSUMPTION EXTENDED TRADING HOURS

Submit to: Director: Corporate Services
Municipal Head Office, 1 Church Street, Malmesbury

APPLICATION IN TERMS OF SECTION 9 OF THE SWARTLAND MUNICIPALITY BY-LAW RELATING TO CONTROL OF UNDERTAKINGS THAT SELL LIQUOR TO THE PUBLIC, FOR EXTENSION OF LIQUOR TRADING HOURS FOR ON-CONSUMPTION PREMISES¹ IN RESPECT OF PUBLIC HOLIDAYS PRECEDING PUBLIC HOLIDAYS

All fields must be filled in

Date in respect of which application is made:

DETAILS OF LICENCEE

1. Liquor license number

Note: Licensee to append copy of liquor license (or Liquor Authority renewal notice) to this application form.

2. Full name of licensee

3. Name and address of the licensed premises

4. 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

5. Daytime contact number

6. State motivation dealing with the following aspects why licensee is applying for extension of trading hours:
(use an annexure if required)

6.1 Possible risks to the surrounding community and the creation of noise or other nuisances

6.2 Measures to control or alleviate possible risks and nuisances

6.3 Possible benefits of extended liquor trading hours on the surrounding community

7. What is the licensee's current permitted hours of trading?

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

Signature

Date

Name (printed)

Application prepared by

Postal address

Physical address

Work tel Cell Fax E-mail

(Payment of the prescribed fee is to be made by the applicant to a municipal pay office upon approval of the application.)

¹ Category 1 & 2 on-consumption premises excluded

PLANNING DIVISION

To certify valid category

Category 3	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Category 4	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Category 5	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(If the premises do not fall into one of these three categories, the application will not be considered any further.)

Comment on the proximity of the licensed premises to surrounding residential zoned area, cultural, religious and educational facilities

Name of official Signature Date

LAW ENFORCEMENT DIVISION

Comment or state history of nuisance(s) and/or any complaints received or action taken in respect of the premises or licensee, in respect of the twelve months preceding this application. Use an annexure if required.

Name of official Signature Date

CORPORATE SERVICES

Number of previous applications received in the current calendar year
(Applications restricted to three per premises per calendar year)

Liquor license valid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Business licence applicable	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, check validity		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Potential impact on the surrounding environment

Comment on the public interest to approve and grant an extension of trading hours

If desirous, comment on the input obtained from relevant ward committee, adjacent residents which may be affected, the local Community Policing Forum, the designated liquor officer of the SA Police Service, and any relevant community organisation such as church groups, rate-payers or business forums.

SPECIAL CONDITIONS FOR APPROVAL (if any) AND REASONS FOR SAME

Name of official Signature Date

Payment of the prescribed fee is to be made by the applicant to a municipal pay office upon approval of the application.

Application fee R Receipt number Payment date