

NAIROBI CITY COUNTY



FORM 5

THE ALCOHOLIC DRINKS CONTROL ACT, 2014

**APPLICATION FOR A TEMPORARY ALCOHOLIC DRINK LICENSE/TEMPORARY  
EXTENSION ALCOHOLIC DRINK LICENSE**

1. Name of Applicant .....
  2. Applicant's postal address .....
  3. Type and number of license held .....
  4. Type of license required .....
  5. Address to which temporary license should be made applicable .....
  6. Period for which temporary license required .....
  7. Extension times applied for .....
- Date .....
- Signature of Applicant .....
- \*Delete where not applicable.