

NAIROBI CITY COUNTY



FORM 4

THE ALCOHOLIC DRINKS CONTROL ACT, 2014

APPLICATION FOR TRANSFER/REMOVAL OF A ALCOHOLIC DRINK LICENSE

[To be completed in triplicate]

1. Name of applicant
2. Applicant's postal address
3. Type and number of license help
4. Address of premises specified therein
5. Name of transferee/address of premises to which it is desired to remove license.
Date
- Signature of Applicant

For Official Use Only

6. Sub-County Committee comments.....
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7. County Board comments
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