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PROVINCIAL NOTICE

105 For comment: Free State Liquor Amendment Regulations, 2022

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PROVINCIAL NOTICE

[No. 105 of 2021]

AMENDMENT OF THE FREE STATE LIQUOR REGULATIONS

I, Mr MP Mohale, Member of the Executive Council responsible for Economic, Small Business Development, Tourism and Environmental Affairs in the Province, hereby publish for comment the amendment of the Free State Liquor Regulations, 2011, as set out in the Schedule.

In terms of section 133(4) of the Free State Gambling, Liquor and Tourism Act, 2010 (Act No. 6 of 2010), all interested persons are invited to submit written comments for the attention of Mr KJ Ramatlakane, Director: Legal Services to the address set out hereunder, not later than 15 days from promulgation of this Notice:

113 St Andrews Street
BLOEMFONTEIN

or

Private Bag X20801
BLOEMFONTEIN
9300

E-mail: ramatlakanet@destea.gov.za / magashules@fsglta.gov.za / mashininiB@fsglta.gov.za

Comments or representations received after the due date will be disregarded.

SCHEDULE

GENERAL EXPLANATORY NOTE:

[] Words in bold type in square brackets indicate omissions from existing regulations.

___ Words underlined with a solid line indicate insertions in existing regulations.

Amendment of Regulation 1

1. Regulation 1 of the Free State Liquor Regulations, 2011 (hereinafter referred to as the "Regulations") is amended by the substitution for the following regulation:

"Definitions

1. In these regulations, unless the context otherwise indicates, a word or expression to which a meaning has been assigned in the Act, has the same meaning, and -

"Act" means the Free State Gambling, **[and]** Liquor and Tourism Act, 2010."

Amendment of Regulation 2

2. Regulation 2 of the Regulations is amended by the substitution for the following regulation:

"Lodgement

2. An application envisaged in section 27 read with section 31 for a registration certificate must be lodged during office hours on the first working Friday of the month, except January of each year to the designated office of the Authority."

Amendment of Regulation 3

3. Regulation 3 of the Regulations is amended by the insertion of subregulation (7) after subregulation (6):

"(7) Should the local municipality fail to submit the report envisaged in subregulation (4), the board may proceed with adjudication of the said application."

Amendment of Regulation 4

4. Regulation 4 of the Regulations is amended by the substitution for subregulation (2) of the following subregulation:

- (2) Notice of application envisaged in subregulation (1) published in the *Provincial Gazette* and media must include the full names of the applicant, intended trading names, identity number or registration number of the applicant, erf number, full business address and location of the premises, the type of registration certification applied for, names and nature of educational institutions, names of and distance to similar registered premises and places of worship, within 500 meter from the premises."
-

Amendment of Regulation 12

5. Regulation 12 of the Regulations is amended by the substitution for the following regulation:

“Lodgement

12. An application for a Special Events Registration in terms of section 54 of the Act must be lodged with the designated office of the Authority at least 21 days before date of event.”.

Amendment of Regulation 61

6. Regulation 61 of the Regulations is amended by the insertion of subregulation (5) after subregulation (4):

“(5) An appointment under paragraph (a) -

- (i) shall be subject to such conditions set out in the appointment as the chairperson of the Board may in his or her discretion impose;
- (ii) shall not affect any right of a person who has an interest in the business concerned; and
- (iii) may at any time be withdrawn by the chairperson of the Board.”.

Amendment of Regulation 69

7. Regulation 69 of the Regulations is amended by –

- (a) the substitution for paragraph (c) of subregulation (1) of the following paragraph:

“(c) proximity of premises to institutions of learning, places of worship and existing outlets within 500 metres from the proposed premises;”;

- (b) the substitution for paragraph (d) of subregulation (1) of the following paragraph:

“(d) the number of registration certificates of the same kind already issued [in the near vicinity of the premises] within 500 metres from the proposed premises;”;

- (c) the substitution for paragraph (f) of subregulation (1) of the following paragraph:

“(f) information [from Home Affairs] in terms of the suitability of the applicant;” and

- (d) the substitution for subregulation (2) of the following subregulation:

“(2) The report of the liquor inspector must indicate whether and to what extent he or she has –

- (a) verified information submitted by the local municipality and designated police officer;
- (b) verified information submitted by the applicant;

- (c) checked issues of public interest which, *inter alia*, could include interviews with surrounding **[owners of premises and] businesses or neighbours in accordance with Form FSLA26 in Schedule 1, as well as inputs of governing boards or the Department of Education relating to institutions of learning;**
- (d) considered and/or included any other matter which ought to be taken into consideration in respect of the application.”; and
- (e) the insertion of subregulation (3) after subregulation (2):
“(3) The liquor inspector's report must include pictures of the proposed premises and surrounding area.”.

Amendment of Regulation 75

8. Regulation 75 of the Regulations is amended by the substitution for the following regulation:

“Fees payable annually in respect of a registration certificate

75. **[Subject to Regulation 75C, there must, for the year following the year during which the Act comes into operation and for every calendar year thereafter, be deposited into the account of the Authority, in respect of each registration certificate (excluding a special events registration certificate), the annual fees set out in Part C of Schedule 3 and Part B of Schedule 6 on or before 31 May, annually: Provided that as a transitional measure, the annual fees in respect of Part B of Schedule 6 only applies to 2020/2021.]** Subject to Regulation 75C, there must, for the year following the year during which the Act comes into operation and for every calendar year thereafter, be deposited into the account of the Authority, in respect of each registration certificate (excluding a special events registration certificate), the annual renewal fees set out in Part C of Schedule 3 and Part B of Schedule 6 from 1 December until 28 February, annually.”.

Amendment of Regulation 75C

9. Regulation 75C of the Regulations is amended by

- (a) the substitution for subregulation (2) of the following subregulation:
“(2) The annual renewal fees [for 2021/2022] must be paid in the prescribed manner [on or before 31 May 2021] from the 1st of December until 28 February, annually in accordance with Form FSLA27 of Schedule 1.”; and
- (b) the insertion of subregulation (3) after subregulation (2):
“(3) As a provisional arrangement the renewal for 2022 will commence from 1 April until 30 June 2022.”.

Amendment of Schedule 1

10. Schedule 1 of the Regulations is amended by the substitution of Forms FSLA1, FSLA2, FSLA4, FSLA8, FSLA10, FSLA12, FSLA15, FSLA16, FSLA18, FSLA20, FSLA23, FSLA26 and FSLA27 of the Forms attached hereto.
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Amendment of Schedule 2

11. Schedule 2 of the Regulations is amended by the substitution for Schedule 2 of the attached Schedule.

Amendment of Schedule 3

12. Schedule 3 of the Regulations is amended by the substitution for Schedule 3 of the attached Schedule.

Amendment of Schedule 4

13. Schedule 4 of the Regulations is amended by the substitution for Schedule 4 of the attached Schedule.

Amendment of Schedule 6

14. Schedule 6 of the Regulations is amended by the substitution for Schedule 6 of the attached Schedule.

Short title

15. These Regulations are called the Free State Liquor Amendment Regulations, 2022.
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FSGLTA

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

APPLICATION IN TERMS OF SECTION 27 READ WITH SECTION 31 FOR REGISTRATION CERIFICATE**FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED**

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office. Application are 'only' accepted first Friday of Each Month

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Building plan of the premises approved by municipality	A
(iii)	Detailed description of external and internal features of premises	B
(iv)	Comprehensive written representations with specific reference to section 31(2)(a) and Regulation 70	C
(v)	Proof of notices required by section 31(1)(d)	D
(vi)	Proof of payment of prescribed fee	E
(vii)	Certified copy of the identity document or certified proof in the case of trust, consortium, partnership or other legal entity	F

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is a Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age:
	Nationality:	Gender:
Residential Address:	Town:	Postal Code:
Contact Details: ()	Email Address:	
Business location information to be provided below		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
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Part B

(a) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(a) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (i) -	
(i) has a controlling interest in such a company, close corporation or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) is a partner in such a partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) is the main beneficiary under such a trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details (use an annexure if necessary)	

Part C

(a) State the names, identity number and address of each person, including the applicant, who will have any financial interest in the business and in each case the nature and extent of such interest. [If the applicant is a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act 91 of 1981), it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of each director (if any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and not also the interests of individual members of such company, statutory institution or co-operative (Use an annexure if necessary)]
(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned) (Use an annexure if necessary)

Part D (4)

(a) State the type of registration applied for	Click or tap here to enter text.
(b) State what applicant intends selling thereunder/ what applicant intends to manufacture	Click or tap here to enter text.

Part E (5)

If application is made for a micro-manufacturer's registration to produce wine only -	
(a) Is applicant-	
(i) a person who engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) an association of person, most of the members of which engages in viticulture	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) a co-operative society, which manufactures wine from grapes produced by members of the co-operative society and of which no other such co-operative society is a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) describe the location of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part E (5) is not applicable	<input type="checkbox"/> Not applicable

Part F (6)

If applicant is made for a micro-manufacturer's registration-	
(a) is applicant a person who-	
(i) engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) manufactures any other fermented beverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part F (6) is not applicable	<input type="checkbox"/> Not applicable

Part G (7)

Under what Name is the business to be conducted?	Click or tap here to enter text.
Will applicant have the right to occupy the premises referred to in paragraph 8, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for?	Click or tap here to enter text.
In the case of an application for an on-consumption registration, state in which portion of the premises, the sale of liquor is to take place	Click or tap here to enter text.

Part H (8)

(a) Is application made in respect of premises which-	
(i) Have not yet been erected	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) are already erected and, in the applicant's opinion, do not require additions or alterations to make them suitable for such purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If paragraph 8(a)(i) or (ii) applies, state-	
(i) The date on which such erection, additions or alterations will be commenced with	
(ii) The period which will be required for the erection, additions or alterations	

Part I (9)

In the case of a club liquor registration, attach a copy of the rules of the club, certified by the president, chairman or secretary thereof	Attached Annexure (If applicable)
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Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that -

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

NOTICE OF INTENTION TO APPLY APPLICATION IN TERMS OF SECTION 27 READ WITH SECTION 31 FOR REGISTRATION CERTIFICATE

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Notice is hereby given that _____ Intends to lodge an application on _____ Particulars of which appear hereunder.

1	2		3	4
Local Municipality:	Full Names and Surname/ Company Name:	Identity Number/ Company registration number:	Type of Registration applied for:	Type of product to be sold/Manufactured:
	Residential/Postal Address:			
5				
Name under which the business is to be conducted:				
6				
Name of learning Institution and Distance:				
Name of Place of Worship and Distance:				
Name of Similar Registered Premises:				

Any person may, within 21 days from _____ (date of publication in *Provincial Gazette*) lodge in terms of section 33 of the Free State Gambling and Liquor Act, 2010 an objection in writing to the Free State Liquor Authority (address set out hereunder). The objection must clearly indicate the full names, identity number, residential address, postal address and telephone number, if any, and where applicable, its registration number and address of its office, of the objector. The objection must also identify the application to which it relates. *The application may be inspected at the offices of the Authority during their office hours. The address of the relevant Office of the Liquor Authority is: 111 Zastron Street, Westdene, Bloemfontein, 9301

Signature of applicant or Person authorized to sign application

Date: _____

Place: _____

FSGLTA

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

APPLICATION IN TERMS OF SECTION 54 FOR A SPECIAL EVENTS REGISTRATION CERTIFICATE**FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED**

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office. Application are accepted 14 days before the date of event

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Comprehensive written representations	A
(iii)	Proof of Payment of Prescribed fees	B
(iv)	Report from the SAPS if event is less than 2500 patrons	C
(v)	SASREA Report if the event is over 2500 patrons	D
(vi)	Rough drawing of event layout plan	E

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age: Nationality: Sex:
Residential Address:	Town:	Postal Code:
Contact Details: ()	Email Address:	
Below indicated information in with the business will reside		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
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Part B

(a) Is applicant a registrant in terms of the Free State Gambling and Liquor Act, 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If subparagraph (a) has been replied to in the affirmative, state -	
(i) The kind of registration:	
(ii) The kind of liquor which may be sold thereunder:	
(iii) Under what name the registered business is conducted:	
(iv) describe the situation of the premises where the registered business is conducted with reference to the erf, street or farm number:	
(c) In the case of an application by the holder of a club liquor registration certificate, state whether the special events registration certificate is required for a <i>bona fide</i> public function on the premises of the club in respect of which he or she is registered -	
which relates to any game, match, competition or social occasion which forms part of the activities normally taking place on the premises (Mark the applicable square) (Delete the subparagraphs which are not applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
or	
for which no suitable facilities are reasonably available at any place other than the premises of the club in the near vicinity	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part C

(a) If applicant is not the holder of a registration certificate referred to in paragraph 3-
(i) On behalf of what or who does applicant apply?
(ii) What position does applicant hold in institution?

Part D (4)

(a) Is applicant a person who-	
(i) has been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) a person who has been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(1) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) within the three years immediately preceding the date of application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Is an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Is a minor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) If any of the questions in subparagraph (a) have been replied to in the affirmative, provide full details

Part E (5)

State the nature of the occasion in respect of which a special events registration certificate is required:

Describe the situation of the premises where the business is to be conducted with reference to the erf, street or farm number:

(a) Except in the case of an application by the holder of a club liquor registration certificate, has a special events registration certificate previously been granted to the applicant?

(b) If answer is yes in (a), state the number of days in respect of which such registration was granted since January of the relevant year

Describe the place or places on the premises in which the sale of liquor is to take place:

State the dates upon and the hours during which such sale will take place:

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

FSGлта

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

**APPLICATION IN TERMS OF SECTION 38 TO EFFECT STRUCTURAL ALTERATIONS OR AN EXTENSION
OF REGISTERED PREMISES**

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office.

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Approved plan building plan set out in regulation 23	A
(iii)	Description of the applicable portion of the premises as set out in regulation 23	B
(iv)	Comprehensive written representations	C
(v)	Copy of registration Certificate	D
(vi)	Proof of payment of prescribed fees	E
(vii)	Consent from the relevant municipality	F
(viii)	Certified Copy of Identity Document or Company documents	H

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age:
	Nationality:	Gender:
Residential Address:	Town:	Postal Code:
Contact Details: ()	Email Address:	
Below indicated information in with the business will reside		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
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Part B

(a) Describe your intention to alter the existing structure and attach the initial plan with clearly drawn up alteration marked with red pen.

Click or tap here to enter text.

(b) Submit comprehension written motivation (attach your motivation on a separate page as annexure on this form)

Click or tap here to enter text.

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

FSGLTA

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

APPLICATION IN TERMS OF SECTION 39 FOR TRANSFER OF REGISTRATION**FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED**

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office.

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Comprehensive written representations	A
(iii)	Proof of prescribed fees	B

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information who is the registrant)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:		
Birth Date: / /	Identity No/Passport No:	Age:	Nationality:	Sex:
Residential Address:		Town:	Postal Code:	
Contact Details: ()		Email Address:		
Below indicated information in with the business is situated				
ERF Number:	Business Street Address:	Town/City:		
Postal Code:	Local Municipality:			

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
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Part B

(a) Under what name is the registered business conducted: _____

(b) What is reason for transfer of registration? _____

Disclaimer and Signature

I declare/truly affirm that the information furnished in **Part A** and **B** this application in so far as it relates to me/the applicant on whose behalf I am authorised to sign the application, is true.

Date: _____

Signature of applicant or person authorized to sign
application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign
application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

Part C

(Information relating to the applicant who is the prospective holder of the registration)

To be completed if applicant is Natural Person					
Initials:		Full Names:		Surname:	
Birth Date: / /		Identity No/Passport No:		Age:	Nationality:
Residential Address:		Town:		Postal Code:	
Contact Details: ()		Email Address:			
Below indicated information in with the business is situated					
ERF Number:		Business Street Address:		Town/City:	
Postal Code:		Local Municipality:			

To be completed if applicant is juristic person		
Name of Company:	Registration Date: / /	Company Registration Number:

(c) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(a) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (i) –	
(i) has a controlling interest in such a company, close corporation or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) is a partner in such a partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) is the main beneficiary under such a trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details (use an annexure if necessary)	

Part D (4)

(a) Under what Name is the business to be conducted?	
(b) Will applicant have the right to occupy the premises referred to in paragraph 8, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for?	

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (iv) he/she knows and understands the contents of this declaration;
- (v) he/she has no objection to taking the prescribed oath/affirmation; and
- (vi) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

FSGлта

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

**NOTIFICATION IN TERMS OF SECTION 39(3) REGARDING PROCURING OF A CONTROLLING
INTEREST OVER THE REGISTRANT**

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office.

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Comprehensive written representations	A
(iii)	Proof of payment of prescribed fees	B

To be completed if application is not prepared by applicant	
Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person					
Initials:	Full Names:		Surname:		
Birth Date: / /	Identity No/Passport No:	Age:	Nationality:	Sex:	
Residential Address:		Town:		Postal Code:	
Contact Details: ()		Email Address:			
Below indicated information in with the business will reside					
ERF Number:	Business Street Address:			Town/City:	
Postal Code:	Local Municipality:				

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
-------------------------	----------------------------------	-------------------------------------

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign
application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign
application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

Part B
Information relating to the person who obtained control (applicant)

To be completed if applicant is Natural Person					
Initials:	Full Names:	Surname:			
Birth Date: / /	Identity No/Passport No:	Age:	Nationality:	Sex:	
Residential Address:		Town:		Postal Code:	
Contact Details: ()		Email Address:			
Below indicated information in with the business will reside					
ERF Number:	Business Street Address:		Town/City:		
Postal Code:	Local Municipality:				
To be completed if applicant is juristic person					
Name of Company:	Registration Date: / /	Company Registration Number:			

(a) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(a) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (i) -	
(i) has a controlling interest in such a company, close corporation or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) is a partner in such a partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) is the main beneficiary under such a trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details (use an annexure if necessary)	

Part C

- (a) State the names, identity number and address of each person, including the applicant, who will have any financial interest in the business and in each case the nature and extent of such interest. [If the applicant is a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act 91 of 1981), it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of each director (if any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and not also the interests of individual members of such company, statutory institution or co-operative (Use an annexure if necessary) [Click or tap here to enter text.](#)
- (b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned) (Use an annexure if necessary) [Click or tap here to enter text.](#)

Part D (5)

If application is made for a micro-manufacturer's registration to produce wine only -	
(a) Is applicant-	
(i) a person who engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) an association of person, most of the members of which engages in viticulture	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) a co-operative society, which manufactures wine from grapes produced by members of the co-operative society and of which no other such co-operative society is a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) describe the location of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part E (5) if not applicable	<input type="checkbox"/> Not applicable

Part E (6)

If applicant is made for a micro-manufacturer's registration-	
(a) is applicant a person who-	
(i) engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) manufactures any other fermented beverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part F (6) if not applicable	<input type="checkbox"/> Not applicable

Part F (7)

Under what Name is the business to be conducted?	Click or tap here to enter text.
Will applicant have the right to occupy the premises referred to in paragraph 8, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for?	Click or tap here to enter text.
In the case of an application for an on-consumption registration, state in which portion of the premises, the sale of liquor is to take place	Click or tap here to enter text.

Part G (8)

(a) Is application made in respect of premises which-	
(i) Have not yet been erected	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) are already erected and, in the applicant's opinion, do not require additions or alterations to make them suitable for such purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If paragraph 8(a)(i) or (ii) applies, state-	
(i) The date on which such erection, additions or alterations will be commenced with	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) The period which will be required for the erection, additions or alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign
application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign
application who acknowledged that –

- (iv) he/she knows and understands the contents of this declaration;
- (v) he/she has no objection to taking the prescribed oath/affirmation; and
- (vi) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

NOTICE OF INTENTION TO APPLY APPLICATION IN TERMS OF SECTION 41 FOR TEMPORARY REMOVAL OF REGISTRATION

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Notice is hereby given that _____ Intends to lodge an application on _____ Of which appear hereunder.

1	2	3	4
Local Municipality:	Full Names and Surname/ Company Name:	Identity Number/ Company registration number:	Type of product to be sold/Manufactured:
	Residential/Postal Address:		
5			
Name under which the business is to be conducted:			
Full Business Address of Premises:			
Name of learning Institution and Distance:			
Name of Place of Worship and Distance:			
Name of Similar Registered Premises:			

Any person may, within 21 days from _____ (date of publication in *Provincial Gazette*) lodge in terms of section 33 of the Free State Gambling and Liquor Act, 2010 an objection in writing to the Free State Liquor Authority (address set out hereunder). The objection must clearly indicate the full names, identity number, residential address, postal address and telephone number, if any, and where applicable, its registration number and address of its office, of the objector. The objection must also identify the application to which it relates. *The application may be inspected at the offices of the Authority during their office hours. The address of the relevant Office of the Liquor Authority is: 111 Zastron Street, Westdene, Bloemfontein, 9301

Signature of applicant or Person authorized to sign application

Date: _____ Place: _____

FSGTLA

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

APPLICATION IN TERMS OF SECTION 41 FOR THE TEMPORARY REMOVAL OF REGISTRATION**FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED**

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office. Application are 'only' accepted first Friday of Each Month

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Building plan of the premises approved by municipality	A
(iii)	Detailed description of external and internal features of premises	B
(iv)	Comprehensive written representations	C
(v)	Proof of notices required by section 43(2)	D
(vi)	Proof of payment of prescribed fee	E

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age:
Residential Address:	Town:	Postal Code:
Contact Details: ()	Email Address:	
Below indicated information in with the business will reside		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
-------------------------	----------------------------------	-------------------------------------

Under what name is the registered business Conducted?	
Will the name change because of the removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state the new name	

Indicate new business address		
Erf Number:	Business Street Address:	Town/City:
Local Municipality:		Postal code:

Part B

(a) Will applicant have the right to occupy the premises referred to in paragraph 4(b), including such place on other premises upon which any approval or determination is to be exercised, for the purposes of the registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the case of an application for the temporary removal of an on-consumption registration, state in which portion of the premises the sale of liquor is to take place:	

Part H (8)

(a) Is application made in respect of premises which-	
(i) Have not yet been erected	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) are already erected and, in the applicant's opinion, do not require additions or alterations to make them suitable for such purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If paragraph 8(a)(i) or (ii) applies, state-	
(i) The date on which such erection, additions or alterations will be commenced with	
(ii) The period which will be required for the erection, additions or alterations	

Disclaimer and Signature

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

Date: _____

*Signature of applicant or person authorized to sign
application*

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign
application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she
uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the
contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

FSGLTA

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

**APPLICATION IN TERMS OF SECTION 27(2) FOR MICRO-MANUFACTURER OR AUTHORISED DEALER
OF METHYLATED SPIRITS REGISTRATION CERTIFICATE**

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office. Application are 'only' accepted first Friday of Each Month

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Building plan of the premises approved by municipality	A
(iv)	Comprehensive written representations	C
(v)	In case of authorized dealer an indication where methylated spirits will be held	D
(vi)	Proof of payment of prescribed fee	E
(vii)	Certified copy of the identity document or certified proof in the case of trust, consortium, partnership or other legal entity	F

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age:
Residential Address:		Postal Code:
Contact Details: ()		Email Address:
Below indicated information in with the business will reside		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
-------------------------	----------------------------------	-------------------------------------

Part B

(a) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(a) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (i) -	
(i) has a controlling interest in such a company, close corporation or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) is a partner in such a partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) is the main beneficiary under such a trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details (use an annexure if necessary)	

Part C

(a) State the names, identity number and address of each person, including the applicant, who will have any financial interest in the business and in each case the nature and extent of such interest. [If the applicant is a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act 91 of 1981), it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of each director (if any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and not also the interests of individual members of such company, statutory institution or co-operative (Use an annexure if necessary)Click or tap here to enter text.
(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned) (Use an annexure if necessary)Click or tap here to enter text.

Part D (4)

(a) State the type of registration applied for	Click or tap here to enter text.
(b) State what applicant intends selling thereunder/ what applicant intends to manufacture	Click or tap here to enter text.

Part E (5)

If application is made for a micro-manufacturer's registration to produce wine only -	
(a) Is applicant-	
(i) a person who engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) an association of person, most of the members of which engages in viticulture	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) a co-operative society, which manufactures wine from grapes produced by members of the co-operative society and of which no other such co-operative society is a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) describe the location of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part E (5) if not applicable	<input type="checkbox"/> Not applicable

Part F (6)

If applicant is made for a micro-manufacturer's registration-	
(a) is applicant a person who-	
(i) engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) manufactures any other fermented beverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part F (6) if not applicable	<input type="checkbox"/> Not applicable

Part G (7)

Under what Name is the business to be conducted?	Click or tap here to enter text.
Will applicant have the right to occupy the premises referred to in paragraph 8, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for?	Click or tap here to enter text.
In the case of an application for an on-consumption registration, state in which portion of the premises, the sale of liquor is to take place	Click or tap here to enter text.

Part H (8)

(a) Is application made in respect of premises which-	
(i) Have not yet been erected	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Are already erected, but require additions or alterations to make them suitable for the purposes of the proposed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) are already erected and, in the applicant's opinion, do not require additions or alterations to make them suitable for such purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If paragraph 8(a)(i) or (ii) applies, state-	
(i) The date on which such erection, additions or alterations will be commenced with	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) The period which will be required for the erection, additions or alterations	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I (9)

In the case of a club liquor registration, attach a copy of the rules of the club, certified by the president, chairman or secretary thereof	Attached Annexure (If applicable)
--	-----------------------------------

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. / 'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

ORIGINAL NOTICE

FORM FSLA20

COMPLIANCE NOTICE

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT AS AMENDED

DATE **REFERENCE**

TO

.....

.....

.....

1. Please take notice that the inspector/police officer named below states that you have failed to comply with the provision of the Free State Gambling and Liquor Act, 6 of 2010, and its regulations as set out on attached (Annexure.....).
2. The particulars of your failure to comply are as set out on the attached sheet (Annexure.....).
3. You are hereby required to take the actions, or cease the actions, set out in the attached sheet, within the time specified in respect of each of them (Annexure).
4. Failure to comply with this notice may result in any one or more of the following penalties:
 - 4.1 Prosecution in terms of the section 128(2)(e) of the Free State Gambling and Liquor Act, 2010, for the offence of failure to comply with this notice, for which the penalty upon conviction is a fine or imprisonment for a term not exceeding 10 years, or to both a fine and imprisonment.
 - 4.2 Prosecution for an offence in terms of section 128 of the Free State Gambling and Liquor Act, 2010, for which the penalty upon conviction is a fine or imprisonment for a term not exceeding 10 years, or to both a fine and imprisonment.
 - 4.3 Cancellation of your registration held under registration numberfor Failure to comply with this notice, in terms of section 42 of the Free State Gambling and Liquor Act, 2010.

.....
NAME OF LIQUOR INSPECTOR OR POLICE

ANNEXURE "A"

ANNEXURE A

Registration number: _____

Date : _____

1. You have failed to comply with the provision of the Free State Gambling and Liquor Act, 2010 and its regulations as set out in:

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

2. You have failed to comply in that you have:

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

3. You are hereby instructed:

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

..... within, from the
date of this notice.

.....
NAME OF LIQUOR INSPECTOR OR POLICE

FSGLTA

Operations Division

Liquor Processing Sub-Division

Telephone: (051) 404 0300

Email: Reception@fsglta.gov.zaWebsite: www.gla.fs.gov.za

Official Stamp

APPLICATION IN TERMS OF REGULATION 61 OF A NATURAL PERSON TO MANAGE AND BE RESPONSIBLE FOR THE BUSINESS TO WHICH THE REGISTRATION RELATES

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Please print clearly or type the information on this application. An application and registration fee are required, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office.

INDEX (information required at lodgement)

No Document Description

(i) Application

Annexure

Form FSLA 1

To be completed if application is not prepared by applicant

Name and Surname: (if applicable)	Law Firm/ Consultant: (if applicable)
Contact Details:	Email Address:

Part A (details of Manager Appointed)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age:
		Nationality:
		Sex:
Residential Address:	Town:	Postal Code:
Contact Details: ()	Email Address:	
Below indicated information in with the business will reside		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	Name of Outlet:

Part B

(a) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the applicant been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(a) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Domiciled in the Republic of South Africa	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Date of Appointment	

Disclaimer and Signature

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

Date: _____

Signature of applicant or person authorized to sign application

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

Pre-inspection Community Interview Form FSLA 26

Inspectors Details

Name of Region: _____ Date: _____ Time: _____

Inspector Name: _____

Interview Details

Name and surname: _____

Title: _____ Contact Details:() _____

Residential Address: _____

Email address _____

(Optional): _____

Questions to Ask Interviewer

Question: Are you aware that (Name of applicant) has applied to the board for a liquor license (Type) in (Business Address)?

Notes: _____

Question: Do you think that there is a demand for that type of business in your area?

Notes: _____

Question: Are there any institution of learning in your area? If yes, what is/are the names and estimate the distance from the proposed business.

Notes: _____

Question: Are there any places of worship in your area? If yes, what is/are the names and estimate the distance from the promised premises

Notes:

Question: Are there any liquor registration in your area? If yes, what is/are the names

Notes:

Question: Do you think there is an over proliferation of liquor outlets in your area? If yes, give a brief explanation.

Notes:

Question: Do you think that if the Board were to grant the registration, would it be in the interest of the public?

Notes:

Question: do you then recommend that the board approve or refuse the application?

Notes:

Question: Is there any other thing you would like to bring to the attention of the board?

Notes:

Interviewees signature

Date

Form FSLA 27

Please advise the registration holder to check the details that appear on the registration/ licence certificate are correct, be advised that any deficiency in the control document or failure to obtain the supporting document will delay the correction of the renewal certificate.

LEGISLATIVE INSTRUCTION: SECTION 36, 42 / REGULATION 75 / SCHEDULES 3 & 6

The following documents are required to be submitted by all liquor registration holder:

- ☐ Copy of Renewal Certificate ()
- ☐ Copy of Registration Certificate
- ☐ Proof of payment
- ☐ Copy Identity Document/ Company Registration
- ☐ Copy of death Certificate (If registrant if deceased)

If applicable, submit the following

- ☐ Notice of appearance if an attorney or representative is renewing on behalf of the registrant
- ☐ if the trading name/ registrant detail has changed since the last renewal period, registrant must provide letter of approval from the Authority or Copy of transfer certificate.

ALL SECTIONS MUST BE COMPLETED BEFORE THE RENEWAL CERTIFICATE IS PROVIDED

Licensed premises information	
Is your licensed premises currently operating? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the applicant represented? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Licensed Premised Name:	License Number:
Registered Details	
Title:	Date of Birth:
Name of Registrant:	Identity Number:
Company Name (if applicable):	Company Registration Number (If Applicable):
Address of the licensed premises	
Business Address:	Town/ City
Postal Code:	Email Address *Required:
Contact Details:	



& TOURISM AUTHORITY	
If the Business Address has changed because of application for removal, provide a copy of the removal certificate.	

Mailing Address (If different than business address)	
Postal Address:	Town/ City
Province:	Postal Code:

Signature of the registrants or Authorized person	
Signature:	Date:

For Office use only	
Comments:	
Renewal Received and processed by:	

Official Stamp

SCHEDULE 2
FEES PAYABLE IN RESPECT OF APPLICATIONS

No	Part A	Part B
	Nature of application	Fees Payable R
Application in terms of section 23 read with section 27 for registration (Excluding a special Event and methylated spirit registration)		
1	Accommodation establishment: Except Guesthouse	917
2	Accommodation establishment: Guesthouse	917
3	Restaurant	2294
4	Club	1377
5	Tavern	1377
6	Night Club	1835
7	Gambling Establishment	3204
8	Liquor Store	2294
9	Grocer's Wine	2294
10	Micro- Manufacturing of liquor	2294
11	Application in terms of section 54 for special events registration	1200
12	Special Events Registration (Per day) after approval	300
13	Application in terms of section 37 for variation of conditions of registration	580
14	Application in terms of section 38 for alteration or extension of registered premises	580
15	Application in terms of section 39(3) to procure a controlling interest in the business to which the registration relates	580
Application in terms of section 39 or 41 for transfer and removal of registration		
16	Accommodation establishment: Except Guesthouse	2753
17	Accommodation establishment: Guesthouse	1020
18	Restaurant	1653
19	Club	1653
20	Tavern	1377
21	Night Club	1400
22	Gambling Establishment	1400
23	Liquor Store	1653
24	Grocer's Wine	2753

25	Micro- Manufacturing of Liquor	2753
26	Application in terms of section 40(3) for the appointment of a person to conduct registered activities pending appointment of administrator	300
27	Application in terms of section 27(2) for registration as micro manufacturer of methylated spirits	1653
28	Application in terms of section 27(2) for registration as authorized dealer of methylated spirits	1653
29	Application in terms of regulation 61 of a natural person to manage and be responsible for the business to which the registration relates	150
30	Request for Registration certificate reissue/duplication	100

SCHEDULE 3
FEES PAYABLE IN RESPECT OF REGISTRATION CERTIFICATES

No	Registration	Part A	Part B	Part C
		Fees Payable in respect of new registration	Fees payable in respect of transfer and removal of registration	Annual registration fees
		R	R	R
1	Accommodation establishment, Except Guesthouse	7 342	1 377	3 345
2	Accommodation establishment Guesthouse	7 342	1 605	4 063
3	Restaurant	13 767	917	1 621
4	Club	9 178	917	1 561
5	Tavern	9 178	917	1 280
6	Night Club	11 014	917	4 395
7	Gambling Establishment	18 356	1835	9 178
8	Liquor Store	9 178	2 295	2 226
9	Authorized dealer of methylated spirits	2 753	1 377	917
10	Grocer's Wine	13 767	2 294	2 803
11	Micro- Manufacturing of Liquor/ Methylated Spirits	13 767	2 294	4 013
12	Special Events Registration	1 200		
13	Special Events Registration (Per day) after approval	300		

SCHEDULE 4
TIMES OF BUSINESS

Type of Business	Business Hours	Days
Accommodation establishment, Except Guesthouse	10:00am - 00:00am	Monday- Sunday
Accommodation establishment Guesthouse	10:00am - 00:00am	Monday- Sunday
Restaurant	10:00am - 02:00am	Monday- Sunday
Club	10:00am - 02:00am	Monday- Sunday
Tavern	10:00am - 02:00am	Monday- Sunday
Night Club	18:00pm - 04:00am	Monday- Sunday
Gambling Establishment	08:00am - 06:00am	Monday- Sunday
Liquor Store	08:00am - 20:00am	Monday- Sunday
Grocer Wine	08:00am - 20:00am	Monday- Sunday
Special Event	As Determined in registration certificate	Monday- Sunday

SCHEDULE 6
TRANSITIONAL CLAUSE
FEES PAYABLE IN RESPECT OF REGISTRATION CERTIFICATES AND
BUSINESS TIMES APPLICABLE

No	Registration	Part A	Part B	Part C	
		Fees payable in respect of transfer and removal of registration	Annual Renewal fees for	Authorised Business Hours	Authorised Days on which liquor may be sold
		R	R		
	On consumption				
	Hotel Liquor Licence	2294	3345	10:00-00:00	Monday-Sunday
	Wine House	917	732	10:00-02:00	Monday-Sunday
	Restaurant Liquor Licence	1377	1621	10:00-02:00	Monday-Sunday
	Club Liquor Licence	1377	1621	10:00-02:00	Monday-Sunday
	Sorghum beer (on consumption)	459	180	08:00-20:00	Monday-Sunday
	Special (Employers)	1376	1815	10:00-02:00	Monday-Sunday
	Special (Tavern)	1147	1280	10:00-02:00	Monday-Sunday
	Special (Accommodation)	1605	4063	10:00-00:00	Monday-Sunday
	Special (Eating House)	1147	362	10:00-02:00	Monday-Sunday
	Special (other)	1377	2006	10:00-02:00	Monday-Sunday
	Sportsground	1377	1210	10:00-02:00	Monday-Sunday
	Theatre Liquor	1377	1210	10:00-02:00	Monday-Sunday
	Off consumption				
	Brewer's licence	2294	4013	08:00-20:00	Monday-Saturday
	Liquor store	1377	2226	08:00-20:00	Monday-Sunday
	Grocer's wine	2295	2803	08:00-20:00	Monday-Sunday
	Wine farmers'	917	362	08:00-20:00	Monday-Saturday
	Sorghum beer brewers	2295	3631	08:00-19:00	Monday-Sunday
	Sorghum beer (off consumption)	1653	605	08:00-20:00	Monday-Saturday
	Producers	917	363	08:00-20:00	Monday-Saturday

FREE STATE PROVINCIAL GAZETTE <i>(Published every Friday)</i>	VRYSTAAT PROVINSIALE KOERANT <i>(Verskyn elke Vrydag)</i>																								
<p>All correspondence, advertisements, etc. must be addressed to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, Tel.: (051) 403 3139. Free Voucher copies of the Free State Provincial Gazette or cuttings of advertisements are NOT supplied. The cost per copy of the Provincial Gazette is as follows:</p>	<p>Alle korrespondensie, advertensies, ens. moet aan die Beamppte Belas met die Provinsiale Koerant, Posbus 517, Bloemfontein, Tel.: No. (051) 403 3139 geadresseer word. Gratis eksemplare van die Vrystaat Provinsiale Koerant of uitknipsels van advertensies word NIE verskaf nie. Die koste per kopie van die Provinsiale Koerant is soos volg:</p>																								
<table> <tr><td>EMAIL</td><td>R 10.00</td></tr> <tr><td>COLLECTION</td><td>R 23.00</td></tr> <tr><td>POST</td><td>R 35.00</td></tr> </table>	EMAIL	R 10.00	COLLECTION	R 23.00	POST	R 35.00	<table> <tr><td>E-POS</td><td>R 10.00</td></tr> <tr><td>AFHAAL</td><td>R 23.00</td></tr> <tr><td>POS</td><td>R 35.00</td></tr> </table>	E-POS	R 10.00	AFHAAL	R 23.00	POS	R 35.00												
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<p>SUBSCRIPTION RATES <i>(payable in advance)</i></p> <p>The subscription fee for the Provincial Gazette (including all Extraordinary Provincial Gazettes) is as follows:</p> <table> <tr><td>6 MONTHS, EMAIL</td><td>R 280.00</td></tr> <tr><td>12 MONTHS, EMAIL</td><td>R 560.00</td></tr> <tr><td>6 MONTHS, COLLECTION</td><td>R 500.00</td></tr> <tr><td>12 MONTHS, COLLECTION</td><td>R 1 000.00</td></tr> <tr><td>6 MONTHS, POST</td><td>R 870.00</td></tr> <tr><td>12 MONTHS, POST</td><td>R 1 740.00</td></tr> </table>	6 MONTHS, EMAIL	R 280.00	12 MONTHS, EMAIL	R 560.00	6 MONTHS, COLLECTION	R 500.00	12 MONTHS, COLLECTION	R 1 000.00	6 MONTHS, POST	R 870.00	12 MONTHS, POST	R 1 740.00	<p>INTEKENGELD <i>(vooruitbetaalbaar)</i></p> <p>Die intekengeld vir die Provinsiale Koerant (insluitend alle Buitengewone Provinsiale Koerante) is soos volg:</p> <table> <tr><td>6 MAANDE, E-POS</td><td>R 280.00</td></tr> <tr><td>12 MAANDE, E-POS</td><td>R 560.00</td></tr> <tr><td>6 MAANDE, AFHAAL</td><td>R 500.00</td></tr> <tr><td>12 MAANDE, AFHAAL</td><td>R 1 000.00</td></tr> <tr><td>6 MAANDE, POS</td><td>R 870.00</td></tr> <tr><td>12 MAANDE, POS</td><td>R 1 740.00</td></tr> </table>	6 MAANDE, E-POS	R 280.00	12 MAANDE, E-POS	R 560.00	6 MAANDE, AFHAAL	R 500.00	12 MAANDE, AFHAAL	R 1 000.00	6 MAANDE, POS	R 870.00	12 MAANDE, POS	R 1 740.00
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<p>CLOSING TIME FOR ACCEPTANCE OF ADVERTS</p> <p>All advertisements must reach the Officer in Charge of the Provincial Gazette not later than 12:00 (Tuesday), three workings days prior to the publication of the Gazette. Advertisements received after 12:00 on the Tuesday of the publication week, will be held over for publication in the issue of the following week, or if specifically requested by the advertiser, will be published as a "Special Publication". In such cases, the advertisement must be delivered to the Officer in Charge not later than 12:00 on the Thursday preceding the publication of the Gazette and double rate will be charged for that advertisement. Advertisements received for publication on the same day, will be charged at triple the normal rate.</p> <p>A "Late Advertisement" will not be inserted as such without definite instructions from the advertiser.</p>	<p>SLUITINGSTYD VIR DIE AANNAME VAN ADVERTENSIES</p> <p>Alle advertensies moet die Beamppte belas met die Provinsiale Koerant bereik nie later nie as 12:00 (Dinsdag), drie werksdae voordat die Koerant uitgegee word. Advertensies wat na 12:00 op die Dinsdag van die publikasie week ontvang word, word oorgehou vir publikasie in die uitgawe van die volgende week, of as die adverteerder dit verlang, sal dit geplaas word in 'n "Buitengewone Koerant". In sulke gevalle moet die advertensie aan die Beamppte oorhandig word nie later nie as 12:00 op die Donderdag voordat die Koerant gepubliseer word en dubbeltarief sal vir dié advertensie gevra word. 'n Drievoudige tarief sal gevra word vir advertensies wat ontvang is vir publikasie op die selfde dag.</p> <p>'n "Laat Advertensie" sal nie sonder definitiewe instruksies van die Adverteerder as sodanige geplaas word nie.</p>																								
<p>ADVERTISEMENT RATES</p> <p>Notices required by Law to be inserted in the Provincial Gazette: R 66.00 per centimeter or portion thereof.</p> <p>Advertisement fees are payable in advance to the Officer in charge of the Provincial Gazette, P.O. Box 517, Bloemfontein, 9300, Tel.: (051) 403 3139.</p>	<p>ADVERTENSIETARIEWE</p> <p>Kennisgewings wat volgens Wet in die Provinsiale Koerant geplaas moet word: R 66.00 per sentimeter of deel daarvan.</p> <p>Advertensiegelde is vooruitbetaalbaar aan die Beamppte belas met die Provinsiale Koerant, Posbus 517, Bloemfontein 9300, Tel.: (051) 403 3139.</p>																								
<p>NUMBERING OF PROVINCIAL GAZETTE</p> <p>You are hereby informed that the numbering of the Provincial Gazette /Tender Bulletin and notice numbers will from 2010 coincide with the relevant financial year. In other words, the chronological numbering starting from one will commence on or after 1 April of every year.</p>	<p>NOMMERING VAN PROVINSIALE KOERANT</p> <p>U word hiermee in kennis gestel dat die nommering van die Provinsiale Koerant / Tender Bulletin en kennisgewingnommers vanaf 2010 met die betrokke boekjaar sal ooreenstem. Met ander woorde, die kronologiese nommering beginnende met een, sal op of na 1 April van elke jaar begin.</p>																								
<p>Printed and published by the Free State Provincial Government</p>	<p>Gedruk en uitgegee deur die Vrystaatse Provinsiale Regering</p>																								