

Date stamp of recopy of the application which is the lodgement date.

**FORM 2
REGULATION 2**

EASTERN CAPE LIQUOR ACT, 2003 (Act No. 10 of 2003)

APPLICATION FOR SPECIAL EVENT REGISTRATION

Description of documents to be submitted

1. Application Form
2. Proof of payment of application fee
3. Floor Layout Plan
4. Description of Premises (Form 3)
5. Written Representations in support of the application (Form 4)
6. In the event that the application is made in respect of public-school premises, prior written consent from the MEC for Education for the Province
7. Municipal Zoning Certificate alternatively a Municipal Land Use consent for the intended use of the premises.
8. Valid Tax Registration Status
9. In the case of a natural person:
 - (i) certified copy of Identity Document
 - (ii) In the event that the application is being completed by someone other than the Applicant – A Power of Attorney
10. In the case of a juristic person:
 - (i) certified copy of Companies and Intellectual Property Commission Registration Certificate
 - (ii) certified copies of Identity Document of members or shareholders
 - (iii) In the event that the application is being completed by someone other than the juristic person – a Resolution
11. In the case of a Trust:
 - (i) Certified copy of the Trust Deed
 - (ii) Certified copy of Trustees and Beneficiaries' Identity Documents
12. Where the applicant is foreign national – Certified copy of valid business permit
13. Where the applicant is a refugee:
 - (i) Certified copy of refugee status
 - (ii) Certified copy of refugee Identity Document
14. A risk categorisation certificate
15. Written consent by the relevant municipality including detailing the applicable trading hours
16. A noise pollution exemption certificate

NOTE: Providing false or inaccurate information will result in automatic disqualification.

Physical Address: _____

Postal Address: _____

Telephone No.:	_____	Mobile Cellular	_____
Alternative Telephone no	_____	E-mail Address	_____

- 1 a) Full Name(s) of applicant _____
- b) Age _____ Identity Document Number _____
- c) Nationality _____
- d) If not South African, please provide passport number _____

Tick appropriate box

Tick appropriate box

1	Gender	Tick appropriate box		Race (for demographic purposes)	Tick appropriate box				
		Male	Female		Black	Coloured	White	Indian	Asian

If applicant is juristic person, a close corporation, company, trust, etc.

- f) Registration Number (if applicant is a juristic entity) _____

2. a) For registration of a special event, complete the following:

Address of applicant (residential or registered Business address if juristic entity) _____

- b) **Address of premises** (where the business will be situated) _____

- c) **Postal Address** _____

Postal Code _____

- d) **E-mail address** _____

- e) **Contact Details**
- | | |
|------------------------------|---------------------------------|
| Home Telephone _____ | Business Telephone _____ |
| Mobile Cellular _____ | |

3. Number of jobs to be created	Provide estimates			
	Permanent		Temporary	

4. Is the applicant a person who: (Tick the appropriate box)

a) Is an unrehabilitated insolvent?	Yes	No
b) Is a minor?	Yes	No
c) Is a partner, co-director, co-trustee or co-beneficiary of any person who, in terms of this Act, is disqualified or incompetent to register?	Yes	No
d) Has had his or her liquor licence revoked	Yes	No

5. If the applicant is a juristic person state whether a person contemplated in Paragraph 4 above

a) Has a controlling interest in such juristic person?

Yes	No
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6. If any of the questions in Paragraph 4 or 5 have been replied to in the affirmative, provide full details:

(Attach an annexure, if necessary)

7. Dates and number of days for the event

Dates	From	to
Number of days		

8. State the financial interest in the liquor trade in the Republic of South Africa 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 stated

Name of Outlet	ECP/Ref. Number	Address where event is will be held	Town	Province

(Use an annexure if necessary)

9. State name under which business is to be conducted

10. State the location of the premises with reference to:

Erf number _____ Street No. _____ Street Name _____

Suburb/Village _____ Town _____

In which district municipality is the premises referred to above situated _____

11. a) Does the applicant have the right to occupy the premises?
(Tick whichever is applicable)

YES	NO
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b) State the kind of right to occupy premises
(Tick whichever is applicable)

Owner	Lessee	Other
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c) If answer to 11(b) above is "OTHER" specify and provide proof of right to occupy:

DECLARATION

I, _____, declare/truly affirm that:

1. The information furnished in this application is to the best of my knowledge true and I acknowledge that should the Eastern Cape Liquor Board discover false information the application shall be disqualified/rejected.
2. I further accept that the provisions of the Justices of the Peace and Commissioners of Oaths Act No. 16 of 1963, as amended, are applicable in the instance that false information has been submitted and declared/affirmed.
3. I hereby give consent to the Eastern Cape Liquor Board to communicate with me by post/email/WhatsApp Message and/or SMS.

Date: _____

**Signature of prospective holder or person
authorised to sign on behalf of applicant**

I certify that this declaration has been signed and sworn to/affirmed before me at _____ on this _____ day of _____ by the applicant/person authorised 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.

COMMISSIONER OF OATHS

Full name: _____

Business Address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

THE PROTECTION OF PERSONAL INFORMATION ACT (POPIA) CONSENT FORM

The purpose of the POPIA is to protect personal information of individuals and businesses and to give effect to their right of privacy as provided for in the Constitution. By signing this form, you consent to your personal information to be processed by the Eastern Cape Liquor Board and consent is effective immediately and will remain effective until such consent is withdrawn.

I, _____, the undersigned, hereby consent to the following:

1. My personal information may be collected, processed, recorded, and used by the Eastern Cape Liquor Board ("ECLB") during and after the processing of my application.
2. The ECLB may share my personal information with all the parties involved in the processing of my application and further processes for purposes of compliance with the Eastern Cape Liquor Act 10 of 2003.
3. Furthermore, I understand that:
 - a) I have the right to access my personal information which the ECLB and all the parties involved hold.
 - b) I have the right to ask the ECLB and all the parties involved to update, correct, or delete my personal information on reasonable grounds.
 - c) Should I wish to withdraw my consent to process my personal information, I must do so in writing, addressed to the ECLB.
 - d) Once I withdraw my consent for ECLB to process my personal information, I understand that ECLB and all the parties involved in the ECLB processes are still obliged under other legislations to keep my personal information.
 - e) The ECLB and all the parties involved may disclose my information where they have a duty or a right to disclose in terms of applicable legislation or where it may be necessary under other law.

Signed at _____ on this _____ day of _____ 20_____

Data Subject