

APPLICATION FOR SPECIAL SESSION

(BLOCK LETTERS ONLY)

LICENCE HOLDER'S NAME _____

HOME / MAILING ADDRESS _____

CONTACT # (for collection) _____

*AGENT NAME / CONTACT _____
(if applicable)

DATE _____

I wish to apply for a Special Session in order to obtain a **(choose **one (1)** of the following)*

- | | |
|--|---|
| <input type="checkbox"/> Spirit Retailer's Licence | <input type="checkbox"/> Spirit Grocer's Licence |
| <input type="checkbox"/> Restaurant Licence | <input type="checkbox"/> Special Restaurant Licence |
| <input type="checkbox"/> Special Hotel Licence | <input type="checkbox"/> Spirit Dealer's Licence |
| <input type="checkbox"/> Hotel Spirit Licence | <input type="checkbox"/> Night Bar Licence |
| <input type="checkbox"/> Wine Retailer's Licence | <input type="checkbox"/> Wine Merchant's Licence |

For the business place situated _____

What court do you attend? _____

Yours Faithfully,

(Signature)

ID Card #/ DP #/ Passport#