



SHIBUYUNJI TOWN COUNCIL
DEPARTMENT OF PLANNING
PUBLIC HEALTH SECTION

SPECIAL LIQUOR LICENCE FOR EXTENSION OF HOURS

SECTION: A

Name of liquor licence holder:.....

Name of premises:.....

Physical address:.....

Type of licence held and number:.....

SECTION: B

I/We.....wish to apply for a special liquor licence for extension of hours provided for in the liquor licensing Act No. 20 of 2011, section 18(2) of the laws of Zambia.

Date

Time: from To

I/We.....commit ourselves to abide with the provisions of the liquor licence Act and further operate within the type of liquor licence we hold.

We shall also obey Zambia police officers directives to stop the function in case of a riot and the Health Inspectors in case of poor hygiene.

Date Signature of Applicant

SECTION C

I have approved/disapproved the application (cancel the non-applicable) of extension of hours for the above mention application and see no breach of peace being committed at such a show.

Council Secretary

Signature: Date:

Officer in Charge/Zambia Police

Signature: Date:

N.B: Special liquor licence for extension of hours not to be given to unlicensed premises.