

COUNTY GOVERNMENT OF NYERI  
FORM G1  
APPLICATION FOR A WAREHOUSE  
LICENCE

Name of applicant .....

1. Nature of application:

New [ ]                  Renewal [ ]

2. Postal Address.....Postal Code.....

3. Registered Office..... Building.....Street.....

Town/ City..... L.R. No.....

Mobile  
number.....

E-mail.....

4. Date of Incorporation.....

5. Registration No.....

6. Full Names, Address and Occupations of the Directors:

|    | <i>Name</i> | <i>Address</i> | <i>Occupation</i> |
|----|-------------|----------------|-------------------|
| a) | .....       | .....          | .....             |
| b) | .....       | .....          | .....             |
| c) | .....       | .....          | .....             |

7. I certify that the information hereby given in this application is true and I commit to comply with the terms and conditions of the licence.

Name of authorized officer.....

Designation.....

Signature.....

Date.....

Stamp.....

8. Licensing requirements shall be as per the Second Schedule of these Regulation

