

COUNTY GOVERNMENT OF NYERI

APPLICATION FOR A COFFEE ROASTER'S LICENCE

1. Name of Applicant.....
2. Postal AddressPostal Code.....
3. Registered address Building.....
 - a. Street.....
 - b. Town/City..... L.R. No.
 - c. Mobile No.
 - d. E-mail.....
4. Where the applicant is a company
 - a) Name of company
 - b) Date of Incorporation
 - c) Registration No.....
5. Full names, addresses and occupations of the directors:

	<i>Name:</i>	<i>Address:</i>	<i>Occupation:</i>
1.	-----	-----	-----
2.	-----	-----	-----
3.	-----	-----	-----
6. Branch Office(s) if any
 - a. Postal Address.....Postal code.....
 - b. Building Street
 - c. Town/City..... L.R. No.
 - d. Mobile No.....e. E-mail
7. I/We certify that that the information hereby given in this application is true and I/We commit to comply with the terms and conditions of the licence.
Date.....
Name of Director..... Signature
8. Licensing requirements shall be as per the Second Schedule of these Regulations.
9. Name, Address and mobile number of the owner/authorized officer:
 - a. Name:
 - b. Physical Address
 - c. Mobile number:

