

SCHEDULE II

SPECIMAN APPLICATION FORM FOR ISSUE OF LIQUOR LICENSE

From To

For Official Use only

<i>Application Form</i>				<i>Excise Verification Process</i>
To be completed by the Application as accurately as possible by (a) the option which is not practiced <i>or</i> (b) filling in the details <i>or</i> (c) state "Not Applicable" if currently not relevant				To be completed by the Excise inspector, ✓(tick) if OK, and give details if NO
1. General Details				
Full Name of Applicant/Applicants : .....				.....
Address : .....				.....
.....			
.....			
Tele/Fax No. : .....				.....
Business Registration No. : .....				.....
(where applicable)				.....
Nationality : .....				.....
ID Card No. : .....				.....
Age : .....				.....
Occupation : .....				.....
2. License Details				<i>Please give details if Disagreeing with Applicant</i>
Type of License : FL/.....	Nature of License	Off - Premises	On - Premises	.....
IF FL07, Hotel License, the number of Rooms : .....				.....
Does the applicant hold other Excise License ?		Yes	No	.....
.....			
If "Yes"	Type of License	Place of Operation		

i								
ii								
iii								
iv								
Has a Liquor License been in operation in this premises as at 15th Nov of the current year		<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> </table>	Yes	No	if "Yes"			
Yes	No							
Names & Address of the License (If different from above)								
Total duration (continuously) the License in operation at this premises								
Year of Commencement								
3. Geographic Location of Premises where Applicant Propose to Operate License				<i>Please give details if Disagreeing with Applicant</i>				
Postal Address :								
District :								
Divisional Secretariat :								
Police Area :								
Electorate :								
Excise Station :								
4. Suitability of Premises as per its Location				<i>Please give details if Disagreeing with Applicant</i>				
Is the distance to following places more than that prescribed as per the type of license ? (Retail off licenses 100 m Consumption within premises - 500m.)	A Place of public religious worship	Yes	No					
	Schools	Yes	No					
	Attach a copy of the Survey Plan from a Licensed Surveyor as ANNEX I							

Is the premises situated within a Foreign Liquor Tavern area ?		Yes	No	..........
If "Yes" - specify distance from the nearest Tavern :				
For Club License Holders - Complete only if relevant	Are you registered under the Club Act No. 17 of 1975 ?	Yes	No	.....
	Are you registered with the Ministry of Sports/Ministry of Social Services ?	Yes	No	.....
	Have you been actively operating the last 5 years ?	Yes	No	.....
	Do you hold a Bank Account ?	Yes	No	.....
5. Criminal Offences :				
Have you been convicted of any criminal offences ?		Yes	No	.....
Have you been convicted for any excise offences ?		Yes	No	.....
Are there any records regarding any criminal or excise offence committed at the proposed premises ?		Yes	No	.....
Have you been blacklisted for holding excise licenses ? If "Yes" for any of the above, give details in ANNEX 2		Yes	No	.....
Have you been issued with any Technical Crime Reports in the past 3 years ?		Yes	No	.....
If "Yes" give details	Year	No of TCR	Fine	.....
			
			
6. Proof of ownership, Approval for use and description of the premises				<i>Please give details if Disagreeing with Applicant</i>
Type of Ownership	Owned	Rented	.....
Attach Copy of Registered Deed/Rental, Lease Agreement - certified by a Notary Public as ANNEX 3				.....
Any dispute regarding the Ownership ? If "Yes" give details in ANNEX 4	Yes	No	.....
If "Rented" has the Owner approved the premises for operation ? If "Yes" attach Approval certified by a Notary Public in ANNEX 5	Yes	No	.....
What area of the building is occupied by the proposed premises ? If "Part of building" - attach a sketch of the total plan indicating what the other areas will be used for - as ANNEX 6	Total Building	Part of Building/Floor	.....

Boundaries of the Licensed Premises	North by : .....				.....
	South by : .....				.....
	West by : .....				.....
	East by : .....				.....
Description of the Building (delete if not relevant) Attach a certified rough sketch as ANNEX 7	Floor	Cemented	Tiled	Others	Also comment on the overall suitability of the building
	Roof	Asbestos	Tiled	Others	
	Walls	Brick & Mortar	Pre-Fab	Others	
	Describe the type of Doors, Windows & other ventilation :				
if "Others" - describe details in ANNEX 8					
Assessment No. of the Building : If no Number, details in ANNEX 9.....					.....
I / We certify and declare that I am / We are aware of the fact that mere submission of this application will not entitle me for a license, and that in the event of the particulars furnished above are found to be false or a violation of the rules and regulations and notifications under the Excise Ordinance and rules and regulations that will be imposed in future under the said ordinance is committed, the license may be suspended or cancelled by the order of the Commissioner General of Excise and the decision of the Commissioner General of Excise will be the final decision and in the event of non-issuance of a license, I will have no claim for compensation from the Government of Sri Lanka or from an officer acting for or on behalf of the Government of Sri Lanka. Signature of Applicant / Applicants. Date :					General Comments of Excise Inspector. Signature of Excise Inspector Date :

Annex I, II, III, IV, V, VI, VII, VIII and IX to the Application Form

		<i>For Office use only</i>
<i>To be completed by the Applicant / Applicants</i>		<i>Excise Report</i> To be completed by the Excise Inspector
Suitability of Location of Premises ANNEX I		

<p>A copy of the Survey Plan from a Licensed Surveyor indicating distance to nearest public religious place of worship, and school from the proposed building is annexed.</p>		
<p>Criminal Offences ANNEX 2</p>		
<p>Give below details of any convictions by a Court of Law for excise offences and or Excise or Criminal offences committed of the proposed premises</p> <p>1. 2. 3. 4. 5. 6.</p>	<p>..... </p>	
<p>Part - A</p>	<p>Report of the relevant Assistant Commissioner of Excise / Superintendent of Excise in which the particulars of fines and detections during the past 3 years are included.</p>	
<p>Part - B</p>	<p>A declaration by way of an affidavit of the application that the applicant is not convicted of any offence under the Penal Code or any other offence involving moral turpitude during the preceding 05 years.</p>	
<p>Part - C</p>	<p>A report from the Officer-in-charge of the Police Station where the licensed premises is situated that the applicant is not convicted of any offence under the Penal Code or the Excise Ordinance, during preceding five (5) years and a report from the Divisional Secretary where the licensed premises is situated that the applicant is a fit and proper person to hold the said license and that there is no objection from the public to the issue of the license.</p>	
<p>Proof of Ownership, Approval for use and description of the premises.</p> <p>ANNEX 3 Copy of Registered Deed, Rental / Lease Agreement - certified by a Notary Public.</p>		
<p>Disputes regarding ownership</p> <p>ANNEX 4 Details of any dispute in regard to the Ownership of the proposed premises, building or a Court order against the building.</p> <p>..... </p>		

<p>Approval in case of rented premises ANNEX 5 If building rented or leased - on Agreement (Certified by a Notary Public) from the Owner, that the business will be allowed to continue undisturbed.</p>	
<p>Where only part of building is used ANNEX 6 If “part of building” - attached a sketch of the total plan indicating what the other areas will be used for :</p>	
<p>Sketch of building to be used ANNEX 7 Attach a certified rough sketch of the building proposed to be used as the premises.</p>	
<p>Description of materials used in building ANNEX 8 If walls, roof etc., constructed from what has not been specified in the form give details : </p>	
<p>If No, Assessment Number is given to premises ANNEX 9 If No, Assessment Number - then specify Numbers of the adjoining buildings, if the latter not available, the name of the Land /s to be specified. </p>	
<p>OTHER REQUIREMENTS:</p>	
<p>(a) Copy of Ground Plan certified by Local Authority (not required for FL 22 A Licenses)</p>	
<p>(b) Photocopy of receipt in proof of payment of Application Fee and Receipt No. : and Date (Receipt must be in Applicant’s Name)</p>	
<p>(c) Photocopies of receipts in proof of payment of income Tax, Value Added Tax (where applicable) and other relevant taxes (Receipts must be in Applicant’s Name)</p>	

OBSERVATIONS AND OVERALL RECOMMENDATION

1. To be filled by the Excise Inspector :

Overall suitability of the Building and any recommendation for alterations to the buildings as per the Excise requirements.

Signature :

Name :

Date :

Seal :

2. Officer-in-charge of Excise Station :

Signature :

Name :

Date :

Seal :

3. Superintendent of Excise :

Signature :

Name :

Date :

Seal :

4. Assistant Commissioner of Excise :

Signature :

Name :

Date :

Seal :