



REPUBLIC OF KENYA

COUNTY GOVERNMENT OF
NYANDARUA

DEPARTMENT OF EDUCATION, TECHNICAL TRAINING GENDER, CULTURE AND
SOCIAL PROTECTION



NYANDARUA COUNTY ALCOHOLIC DRINKS MANAGEMENT COMMITTEE

NYANDARUA COUNTY ALCOHOLIC DRINKS LICENSES' APPLICATION FORM 2026

APPLICATION No.

KINDLY FILL THE FORM IN TRIPLICATE

(Please Fill the Application in **BLOCK LETTERS** and Tick ☐ where applicable)



TYPE OF LICENCE APPLIED FOR:

RETAIL

☐

WHOLESALE

☐

DISTRIBUTOR

☐

MANUFACTURER

☐

1. NAME OF APPLICANT				
TITLE:	SURNAME:		FIRST NAME:	MIDDLE NAME:
Mr./Mrs.M/s.				
ID/PASSPORT NO:			PHONE NO:	
KRA PIN NO:			ALTERNATIVE PHONE NO:	
GENDER	M	<input type="checkbox"/>	EMAIL ADDRESS:	
	F	<input type="checkbox"/>		
DESIGNATION OF APPLICANT. (Owner, Director, Manager etc)				



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IF IT IS AN ENTITY:

**NAME OF THE
ENTITY:**

PHONE NO:

ENTITY KRA PIN NO:

**ALTERNATIVE
PHONE NO:**

EMAIL ADDRESS:

2. APPLICANTS POSTAL ADDRESS:

PO.BOX:

CODE:



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3. PHYSICAL ADDRESS WHERE THE PREMISE IS LOCATED <i>(Give sufficient details to adequately identify the premise)</i>			
SUB-COUNTY:			
WARD:			
VILLAGE/TOWN:			
STREET/ ROAD			
NAME OF BUILDING WHERE THE PREMISE IS LOCATED			
PLOT NO:			
4. NAME OF THE BUSINESS PREMISES (Business Name):			
5. PREMISE DETAILS			
i. Size of the premise			
Length in Fts:		Width in Fts	
ii. Type of structure			
Temporary	<input type="checkbox"/>	Semi-Permanent	<input type="checkbox"/>
	<input type="checkbox"/>	Permanent	<input type="checkbox"/>
iii. Type of floor			
Tiled	<input type="checkbox"/>	Not tiled	<input type="checkbox"/>
<i>If not tiled describe the type of floor:</i>			
iv. Distance from learning or public institution in:			
Kilometres:.....		Metres:.....	
v. When was the alcoholic drinks premise established?			
(Date/Month/Year) / /.....			



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vi. Has the business location changed since it was established?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
7. FOR RENEWAL, INDICATE YOUR EXPIRING LICENSE NUMBER			
8. PERIOD OF YOUR LICENSE; (DATE/MONTH/YEAR)			
Date Month Year		Date Month Year	
From: / /		To: / /	
9. IS THE BUSINESS LICENSED IN ANOTHER COUNTY?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<i>If YES attach a copy of the license/s</i>			
10. IS THE BUSINESS CERTIFIED BY THE KENYA BUREAU OF STANDARDS?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
11. ARE YOU ABOVE THE AGE OF EIGHTEEN (18)?			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
12. HAVE YOU BEEN DECLARED BANKRUPT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE IN THIS ACT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>



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Attach a copy of following documents:

- a. Identity card
- b. KRA pin
- c. Prove of payment of application fee
- d. Certificate of good conduct
- e. If renewal, copy of previous license certificate.
- f. If manufacturer or distributor -Kenya bureau of standards Certificate
- g. If manufacturer - NEMA Certificate.

Note:

- *For applicants with more than one premises, please fill in an application form for each premises.*
- *The County Government reserve the right to deny issuance of an alcoholic drink license if an applicant does not meet the required conditions*
- *Late applications will not be considered*
- *Misrepresentation of facts during application will lead to automatic disqualification.*
- *Applicants have to sign a declaration form and it has to be witnessed by a commissioner of oath failure to which the application will automatically be rejected*

For official use only

Application received by:

Name.....SignatureDate.....

Designation.....

Official stamp.....



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NYANDARUA COUNTY ALCOHOLIC DRINKS DECLARATION FORM

DECLARATION FOR SUITABILITY OF ISSUANCE/RENEW OF A LICENSE UNDER The
Nyandarua County Alcoholic Drinks Control Act, 2024.

Name of Applicant.....

Address of the Applicant:

.....

Location of proposed premises:

.....

State Plot No.....Sub-County.....ward.....

I/WE holders of identity card
number/ business/ incorporation number the applicant (s)herein do hereby make
oath and state as follows: -

1. **THAT** I/we have read and understood the contents of the Nyandarua County Alcoholic Drinks Control Act, 2024 and Nyandarua County Alcoholic Drinks Control Regulations 2024 thus:
2. **THAT** the premises location is not within 300 meters from any learning institutions, hospital or public offices and in the alternative, there is a concrete wall encircling the entire perimeter of the premise and not less than eight (8) feet in height.
3. **THAT** the premises are not situated in an area that offends public interest, residential area, villages and/ or agricultural land.
4. **THAT** the premises size and/ or partitions is per the conditions set out in the regulations for the intended License.
5. **THAT** the premise is well ventilated, has a constant water supply, and has toilets for both genders and is in good sanitary conditions as set out under the Public Health Act and that the night clubs have a capacity of more than ten (10) bed.
6. **THAT** the premises comply with the National Environment Management Authority regulations on noise and waste management.
7. **THAT** the premises have a conspicuous warning sign restricting access to persons below the age of eighteen (18) years.
8. **THAT** the premises have a code of ethics for the employees.
9. **THAT** I/WE undertake to have the contact number and information of the person in charge displayed in a conspicuous area within the premises.
10. **THAT** I/WE undertake to operate the premises within the licensed hours.
11. **THAT** I/WE undertake not to sell adulterated alcohol.
12. **THAT** I/WE undertake not to sell alcohol in plastic or polythene containers



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13. THAT I/WE undertake to only sell alcoholic products approved by Kenya Bureau of Standards and Nyandarua County Government
14. THAT I/WE acknowledge that citizens have the right to report to the relevant authority any breach of the laws governing alcoholic drinks
15. THAT I/WE agree and authorize the Management committee to issue or renew the license subject to compliance of the terms as set out in the Nyandarua County Alcoholic Drinks Control Act, 2024 and Nyandarua County Alcoholic Drinks Control Regulations 2024 or any other law.
16. THAT I/WE agree and authorize the county alcoholic drinks management and regulation committee to cancel the license without further notice to me/us in the event that I/we do not comply with the provisions of the law.
17. THAT I swear in support of my application for the issuance/Renew of license by the county alcoholic drinks management and regulation committee
18. THAT the information given in this application including attachments thereto is true and correct to the best of my knowledge and belief

1. Name.....Signature.....
.....

Designation.....Date:

2. Name.....Signature.....

Designation.....

Date.....