

**LIQUOR ACT  
(Act NO.9 of 2004)**

**Form 6  
(Reg.11 (1))**

**APPLICATION FOR A DUPLICATE LICENCE**

Name and address of licensee: .....

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Physical Address of the applicant: .....

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Particulars of the destroyed licence: .....

Licence No. ....

Date of issue .....

Date of expiry .....

Type Of business/licence: .....

Circumstances under which the licence was destroyed/lost .....

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Signature of applicant .....

Date: .....

**FOR OFFICIAL USE ONLY**

Date of issue or rejection: .....

Comments: .....

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Signature: .....