



1. DETAILS OF APPLICANT

FULL NAME:

ADDRESS:

OCCUPATION:

DATE OF BIRTH: MALE FEMALE

POSTAL ADDRESS:

EMAIL ADDRESS: DAYTIME CONTACT NUMBER:

STATUS OF APPLICANT: Natural Person Private Company Public Company Partnership
 Trustee Government Department

FULL NAME + ADDRESS OF MANAGER(S) EMPLOYED AND CERTIFICATE NUMBER OF MANAGER'S CERTIFICATE

FULL NAME + ADDRESS	CERTIFICATE NUMBER
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. FURTHER DETAILS OF OWNERSHIP

Full details of director(s) and shareholders

Name	Address	Date of Birth	Place of Birth	Designation	Nationality
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Application for the Approval of a Liquor Licence to sell liquor in the Cook Islands

3. DETAILS OF PREMISES

NAME OF PREMISES:

LOCATION OF PREMISES:

DOES THE APPLICANT OWN THE PROPOSED LICENCED PREMISES? YES NO

IF **NO**, PROVIDE DETAILS OF THE OWNER?

WHAT FORM OF TENURESHIP DOES THE APPLICANT HAVE?

4. TYPE OF LICENCE APPLYING FOR (please tick one)

- Airport Bar Club Guest Room Bar Hotel/Motel
 Nightclub Restaurant Restaurant/Bar Retail

5. MANAGEMENT EXPERIENCE

State briefly your experience in managing premises such as hotels/motels/restaurants/clubs/retail outlets and nightclub activities

APPLICANT'S SIGNATURE: _____

DATE: _____

APPLICANT TO INCLUDE THE FOLLOWING WITH THIS APPLICATION FORM:

- Floor Plan of premises Copy of Lease or Rental Agreement Approval Letter from Te-Aronga-Mana of the area
 Approval Letter from BTIB (for foreign investors)

For Office Use Only

LICENCE NUMBER:

Date Licence Issued:

Date Paid:

Receipt No: