

<b>New licence</b>		STTV's licence number	Date of arrival	D no.
<b>Applicant's information</b>				
The estimated date or month of commencement for the new licence application			Date or month	
Applicant (full name of a sole trader, company's name as listed in trade register)				
Registered office of the company		Applicant's trade register number		Company registration number (always required)
Company's visiting address		Postal code		City
Company's postal / billing address (if different from visiting address)		Postal Code		City
Contact person		Phone		Fax
E-mail		Internet site		
<b>Information on the store/place of manufacture (If different from above)</b>				
<b>Store/place of manufacture 1</b>				
Visiting address				
Postal code	City	Phone	Fax	
<b>Store/place of manufacture 2</b>				
Visiting address				
Postal code	City	Phone	Fax	
<b>Decision to be sent to</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Office <input type="checkbox"/> Applicant's attorney				
<b>Applied licence</b>				
<input type="checkbox"/> Wholesale license <input type="checkbox"/> Temporary limited wholesale licence for the period of _____ / _____ 200_____ - _____ / _____ 200_____				
<input type="checkbox"/> Licence for import spirits for trading <input type="checkbox"/> Production license for commercial purposes <input type="checkbox"/> Production license for educational and research purposes				
<b>Products to which the licence refers</b>				
<input type="checkbox"/> Beer	<input type="checkbox"/> Cider	<input type="checkbox"/> Fortified wine	<input type="checkbox"/> Spirits	
<input type="checkbox"/> Wine	<input type="checkbox"/> Fruit wine	<input type="checkbox"/> Fortified fruit wine	<input type="checkbox"/> Distilled alcoholic beverages	<input type="checkbox"/> Alcoholic product
Estimate of annual production levels of alcoholic beverages				in litres
<b>Notification of importation and/or exportation</b>				
<input type="checkbox"/> Importing for personal commercial use <input type="checkbox"/> Exportation				

**Additional information****Applicant's authorized agent**

Name

Adress

Postal Code

City

Phone

**Signature**

Applicant's signature

Date

Place

**Official use**