

APPLICATION BY AN AGRICULTURAL DISTILLER FOR A LICENSE TO DISTIL SPIRITS	DA 105
---	---------------

Indicate nature of application with an "X"	First Application	Renewal
--	-------------------	---------

IMPORTANT

A license issued in terms of the Customs and Excise Act, No. 91 of 1964 to a person as an agricultural distiller is not transferrable and expires upon the death of the license holder.

It should be noted that:

- (a) The license is nontransferable, not even to any family member of the licensed holder, and
- (b) A license shall not be issued to any person who was not licensed as an agricultural distiller during the previous calendar year.

DETAILS OF AGRICULTURAL DISTILLER

1	Full name:	2	Postal address:
3	Address where still(s) is/are kept:	4	Magisterial district:
5	Are you the owner or occupier of the farm where the still(s) is/are kept?	6	Is the still(s) soundly erected on a cement or brick foundation?
7	Place on farm where stills(s) are erected:		
8	Number of vines and fruit trees on farm:		
	Vines	Apricot*	Peach*
		Plum*	Citrus*
		Apple*	Pear*
		Fig*	
* Excluding Northern, Western or Eastern Cape provinces.			
9	Type of fruits which will be used for distillation:		
10	For what purpose will the spirits be used:		
11	Indicate the volume of wine with an alcohol volume of 11.5% which you estimate you will produce during the year for which you are applying for a license. (Only applicable to Northern Cape, Western Cape or Eastern Cape.		
12	If you have been convicted of any offence in terms of the Customs and Excise Act or any law relating to the illicit manufacture, conveyance, supply or possession of intoxicating liquor during the past two years, state the nature of the offence and penalty imposed:		

I, _____ declare that the particulars are true and correct; and undertake to inform SARS immediately of any changes in the particulars furnished in the application and to comply with all laws relating to customs and excise and procedures.

Date: _____

Signature: _____

FOR OFFICIAL USE ONLY

Approved	License No.	Office stamp
_____	Year	
Date	_____	