

4. State Year of certification by the Coffee Directorate .....

(Attach Liquoring licence issued by the Coffee Directorate or an agency authorized by the Authority)

5. State Current Occupation .....

6. I certify that that the information hereby given in this application is true and I commit to comply with the terms and conditions of the licence.

Date.....Signature .....

FIRST SCHEDULE

(r. 10(2)(c))

AGRICULTURE AND FOOD AUTHORITY

FORM L

COFFEE LIQUORING LICENCE

Name of Applicant .....

Licence No. .... Valid from.....to.....

Postal Address: .....Postal Code.....

Email .....Mobile number.....

County.....Sub County.....

Ward.....Street/road .....

Principal Office.....

L.R.No./Plot No.....

Mr/Dr/Prof/Mrs/Sir/Esq/other.....

Is hereby authorized to offer coffee liquoring services for quality control, coffee milling, roasting, or any other authorized trade in Kenya.

Issued by:

Signature..... Date .....

Head Coffee Directorate

Agriculture and Food Authority

Subject to Terms and Conditions:

1. Liquorer shall undergo a certification process by the Authority.
2. A licensed liquorer shall comply with the Coffee Industry Code of Practice and Standards.
3. A licensed liquorer shall allow free access to the premises by the inspectors authorized by the Authority and the county government.