

Designation.....
Signature.....
Date.....
Stamp.....

- 8. Licensing requirements shall be as per the Second Schedule of these Regulations.

AGRICULTURE AND FOOD AUTHORITY

FORM G1(B)

r 10(2)(e)

WAREHOUSEMAN'S LICENCE

THIS LICENCE is granted to..... of P.O. Box..... and authorizes the said.....to offer professional services to Coffee warehouse owners /operators in the Republic of Kenya for a period of one (1) year from theday ofto day of (both days inclusive).

THIS LICENCE is issued subject to compliance with the requirements for approval and the provisions of the Coffee (General) Regulations 2019 currently in force and the Rules made thereunder and to such conditions as are stipulated herein.

The warehouseman shall maintain professionalism at all times.

THIS LICENCE is not transferable.

ISSUED at Nairobi thisday of20.....

Signed.....

The Chief Executive Office

Agriculture and Food Authority

Subject to terms and conditions:

- 1. A warehouseman shall not engage in any business that is contrary to the provisions of the Coffee Regulations.
- 2. The warehouseman shall comply with the Coffee Industry Code of Practice and Standards.
- 3. The warehouseman shall allow free access to the premises by the inspectors authorized by the Authority or county government.
- 4. The Authority may vary, suspend or revoke the warehouseman's licence issued if the holder fails to abide with the terms and conditions of the licence.
- 5. The warehouseman's licence shall not be transferable.

FIRST SCHEDULE

(r.15(8))

COFFEE MOVEMENT PERMIT

Serial No.

(Bags are 60kgs net weight)

Prepared by:

Authorized Officer's name:

Designation.....

Signature.....

Stamp

AGRICULTURE AND FOOD AUTHORITY

FORM G1(A)

r10(2)(e)

APPLICATION FOR A WAREHOUSEMAN'S LICENCE

Name of applicant

1. Nature of application:

New [] Renewal []

2. Postal Address.....Postal Code.....

3. Registered Office..... Building.....Street.....

Town/ City..... L.R. No.....

Mobile number.....

E-mail.....

4. Date of Incorporation (If applicable).....

5. Registration No.....

6. Full Names, Address and Occupations of the Directors:

<i>Name</i>	<i>Address</i>	<i>Occupation</i>
a)
b)
c)

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

Name of authorized officer.....