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***Form 19***

**Gauteng Liquor Board**

**Complaint against Licenced Premises**

**TO:**

Gauteng Liquor Board/Inspectorate

Liquor Licencing – Johannesburg Regional Office

Gauteng Liquor Board

Matlotlo House, 124 Main Street, Johannesburg

Mbongeni Shabangu [mbongeni.shabangu@gauteng.gov.za](mailto:mbongeni.shabangu@gauteng.gov.za)

Palesa Makhabane [palesa.makabane@gauteng.gov.za](mailto:palesa.makabane@gauteng.gov.za)

Cleo Bodibe-Lushabe [cleo.bodibe-lushabe@gauteng.gov.za](mailto:cleo.bodibe-lushabe@gauteng.gov.za)

Molefi Mothoane [molefi.mothoane@gauteng.gov.za](mailto:molefi.mothoane@gauteng.gov.za)

Raymond Martin [raymond.martin@gauteng.gov.za](mailto:raymond.martin@gauteng.gov.za)

National Liquor Authority [nationalliquorauthority@thedti.gov.za](mailto:nationalliquorauthority@thedti.gov.za)

**CC:**

Melville Residents’ Association

Liquor Portfolio sub-committee

Email Address: [mra-liquor@ilovemelville.co.za](mailto:mra-liquor@ilovemelville.co.za)

Ward Councillor Bridget Steer – bridget.steer@gmail.com

It is not mandatory that you **give information about yourself,** you may remain anonymous. If you do give personal information, it will remain confidential.

1.1 Full name (Natural or juristic person)

|  |
| --- |
|  |

1.2 Physical Address

|  |
| --- |
| Melville |

1.3 Telephone number(s)

|  |  |
| --- | --- |
| Mobile: | Landline: |

1.4 Fax number and email address

|  |  |
| --- | --- |
| Fax No: | Email: |

**2 Information about the licenced/unlicenced premises**

2.1 Trading Name

|  |
| --- |
| Cappello Melville |

2.2 Physical Address

|  |
| --- |
| 12 Main Road, R/E Erf 318, Melville |

**3 Details of complaint**

3.1 Nature of the complaint (Check all that need to that needs to apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disorderly behaviour |  | Drug Activities |  | Sales beyond trading hours |
|  | Sale to minors |  | Sale to obviously intoxicated persons |  | Excessive Noise |
|  | **Other**  No Liquor Licence displayed as required  Operating a place of amusement with live music or DJs while the premises had a pub licence (transfer not confirmed and licence not displayed)  Noisy patrons  Patrons racing  INSERT RELEVANT INFORMATION AND DELETE WHAT YOU HAVE NOT OBSERVED | | | | |

3.2 Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.3 Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.3 Have you filed this complaint with another law enforcement agency?

|  |  |
| --- | --- |
| **Yes** | No |

If you answer **Yes,** please provide details:

|  |
| --- |
| JMPD / SAPS / CoJ  Insert detail if applicable |

Complainants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_