



# AGRICULTURAL SOCIETY OF KENYA

## CATERING APPLICATION FORM

Catering application Form Charges: Kshs. 3,000/- Non-Refundable

**Note:** Kindly note that the society does not accept cash payments. Payments can be made to our bank account at **KCB Kipande House** Branch **account number 1103870254** OR via **EFT swiftcode KCB LKENX** OR through a **bankers Cheque** drawn in favour of A.SK Nairobi Branch OR through **MPESA paybill** number, **104454**. Account name is your company name.

### NAIROBI INTERNATIONAL TRADE FAIR 26<sup>th</sup> SEPTEMBER – 2<sup>ND</sup> OCTOBER 2022

1. I/we apply for a concession to operate

- Restaurant.....
- Bar & Restaurant .....
- Food Kiosk.....
- Truck/Caravan.....Size:     Small         Medium     Large
- Capacity in M<sup>3</sup>.....
- Ice Cream Depot/Juices, Milk, Photography Selling Points.....

2. We hereby certify that I/We run catering business within Nairobi City Council  
Situating on:-

Plot No.....street/Road.....

Licence No.....Estate Town.....

(Please note that proof of operation in similar type of business is required. Attach a copy of current catering licence from your county)

3. Have you run a catering establishment at a previous Nairobi International Trade Fair? (Tick whichever is applicable)

- YES**     **NO**

If yes for how many years.....

Nature of business:  Sole proprietorship  partnership

Name of Partner(s) if partnership .....

Comment on how your business performed during the show.....  
.....

4. Full name(s) of applicant(s) in block letters:-

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Address.....code.....Town.....

Telephone No .....

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

The completed form should be returned to us not later than 30<sup>TH</sup> June 2022.

**FOR OFFICIAL USE ONLY**

To be filled by: Officer in charge Catering

Special conditions (if any).....  
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Signed by Name:.....Sign..... Date.....

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To be filled by Branch accountant:

Receipt No.....

Concession granted/refused.....

Signed By: Name.....Signed..... Date.....

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Approved by: The Branch Manager

Name:.....Sign ..... Date .....

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Chairman Catering Committee:

Name:.....Sign ..... Date .....