

Application for an Off-Licence (for Premises)

Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012



Form 4

The Secretary
South Waikato District Licensing Committee
C/- South Waikato District Council
Private Bag 7 (Torphin Crescent)
TOKOROA 3444

Telephone (07) 885 0340
Fax (07) 885 0718
Email: info@southwaikato.govt.nz

Fee: As
prescribed

Endorsement

State (by type) every endorsement sought or sought to be renewed

Details of Applicant(s)

Full legal name:

Whether licence already held for premises or conveyance concerned

Yes

No

If "yes", state kind of licence:

Status of Applicant: (Tick)	<input type="checkbox"/>	Natural Person	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trustee
	<input type="checkbox"/>	Club	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>	Private Company
	<input type="checkbox"/>	Public Company	<input type="checkbox"/>	Licensing Trust or Community Trust		
	<input type="checkbox"/>	Body Corporate to which Section 28 (1b) of the Act applies				
	<input type="checkbox"/>	Board, organisation or other body which Section 28 (1c) of the Act applies				
	<input type="checkbox"/>	Manager under the Protection of Personal and Property Rights Act 1988				
	<input type="checkbox"/>	Government department or other instrument of the Crown				
	<input type="checkbox"/>					

For applicant that is a natural person or persons

Full Name:	<input type="text"/>		
Residential Address:	<input type="text"/>		
Sex:	<input type="text"/>		
Occupation:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Place of Birth	<input type="text"/>
Internet Site: (If applicable)	<input type="text"/>		
Postal Address:	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Fax	<input type="text"/>	Email	<input type="text"/>
Preferred Mode of Contact:	<input type="text"/>		

For applicant that is a Body Corporate, authority under which incorporated				
Applicant that is not a natural person or persons				
Full Name:				
Residential Address:				
Sex:				
Occupation:				
Date of Birth:				
Internet Site: (If applicable)				
Postal Address:				
Telephone:		Mobile:		
Fax:		Email:		
Preferred Mode of Contact:				
Criminal Convictions				
Does the applicant have any criminal convictions? <i>(other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004 applies)</i>				
	Yes		No	
If "yes", please state the nature of the offence, date of the conviction and penalty suffered:				
Further details if applicant is a Company (whether incorporated under the Companies Act 1993 or equivalent foreign legislation)				
Date of Incorporation				
Place of Incorporation				
State the full details of each director:				
Name	Address	Date of birth	Place of Birth	Designation
If applicant is a private company, state if :				
	Authorised Capital		Paid-up Capital	

State the full details of each person who holds any shares issued by the company				
	Shareholder 1	Shareholder 2	Shareholder 3	Shareholder 4
Name				
Address				
Date of Birth				
Place of Birth				
Designation				
Value of Shares				

Further details where applicant is a partnership

State the full details of each partner:

	Shareholder 1	Shareholder 2	Shareholder 3	Shareholder 4
Name				
Address				
Date of Birth				
Place of Birth				

Contact Details for organisations other than natural person

Postal Address: (for service of documents)			
Daytime contact name:			
Telephone:		Mobile	
Fax:		Email	

Details of Premises

Address of proposed premises:			
Trading or other name:			
Does the applicant own the proposed licensed premises:		Yes	No

If No, state the full name and address of owner:

Name:			
Address:			

Tenure: (State whether held as leasehold, or under tenancy agreement or licence)

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Type of Premises (Tick)	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Retail Shop (other than grocery)	<input type="checkbox"/>	Grocery	<input type="checkbox"/>	Tavern
	<input type="checkbox"/>	Premises on which principal business is manufacture or sale of liquor				<input type="checkbox"/>	Other	

Is a licence sought conditional upon construction or completion of the premises?		Yes		No
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If "yes", please provide details

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Details of Conveyance (To be included only where the licence applies to any conveyance)				
Type of Conveyance <i>[Ship, railway carriage, bus etc)</i>				
Tenure <i>[owned by applicant, or to be operated by charter, lease, or licence]</i>				
If not owned by applicant, details of the owner to be provided				
Name :				
Address:				
Registration Number:				
Address of home base: <i>(if any)</i>				
Trading name used or proposed:				
Is a Licence sought conditional upon construction or completion of the premises?		Yes		No
If Yes, please provide details				
Details of Managers				
Name	Date of Birth	Certificate Number	Certificate Expiry	
Business Details				
Does the sale of alcohol intended to be the principal purpose of business		Yes		No
If No, what is the intended principal purpose of the business?				
Whether applicant engaged, or intending to be engaged, in the sale or supply of any goods other than alcohol and food, or in the provision of any services other than those directly related to the sale or supply of alcohol and food		Yes		No
If "yes", what is the nature of those other goods or services				
Days and hours proposed for sale of alcohol				

Conditions
What experience and training does applicant have?
What steps applicant proposed to take to prevent the sale and supply of alcohol to prohibited people [<i>describe</i>]
What other steps does the applicant proposes to promote for the responsible consumption of alcohol [<i>describe</i>]
What other systems (including training) and staff are in place (or to be in place) for compliance with the Act [<i>describe</i>]
Where the principal business is other than the manufacture or sale of liquor, what kind or kinds of liquor does the applicant intend to sell or deliver under the licence?
State all sensitive sites (e.g. childcare centres, schools, churches etc) within close proximity of the proposed site?
Has the applicant or applicant's business appeared before the Alcohol Regulatory and Licensing Authority for any reason? If Yes, please provide details
Has your business been subject to the police controlled purchase operations and if so, what were the results?
Have you had any complaints from the neighbours (including confirmed noise complaints) that you are aware of? If Yes, state details:

Dated at		this		day of		20
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Applicant's Signature:	
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Print Name:	
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To assist in completing this application, please see Check List on last page

For Office Use Only

Date Received:		Invoice:		Amount:	
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Debtor:		Receipt No:	
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Notes

1. This form must be accompanied by the prescribed fee.
2. Within 20 working days after filing this application with the District Licensing Committee (or 10 working days if it is an application for renewal), the applicant must give public notice of it in form 7. The notice must be given in compliance with regulation 36, 37, or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application).
3. Except in the case of a conveyance, within 10 working days after filing this application with the District Licensing Committee, the applicant must ensure that notice of this application in form 7 is attached in a conspicuous place on or adjacent to the site to which this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).

Privacy Act 1993

1. Personal information obtained in this application is primarily for establishing applicant identity and, when this application has been granted or declined, for administration, monitoring and enforcement.
2. The information may be released to any inquirer about the application, the refusal of the application, or in relation to the exercise of the approval of this application.
3. The information will be held by South Waikato District Council, Torphin Crescent, Tokoroa.
4. The information may be provided to the Medical Officer of Health or Liquor Licensing Authority, and will be used for verifying and amending the Council's ownership and occupier records (the Rating Roll) and will be released in accordance with the Rating Powers Act 1988 and to Valuation New Zealand.
5. You have the right to access the information and to request its correction.
6. **Disclosure of Police Information:** Applicants for this Off-Licence (for Premises) are required to sign the authorisation below. Failure to allow the Police to disclose this information may result in your application not being determined.
7. **Authorisation:** The Police are required to report on this application. That report may include the release of any previous convictions you may have. You will receive a copy of that report.

Do you consent to the release of this information?		Yes		No	
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Dated at		this		day of		20
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Applicant's Signature:	
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Checklist for Off-Licence	Tick
The following must be included with every application:	
1. Application Fee - please contact the Liquor Licensing Inspector	<input type="checkbox"/>
2. Application form, with all sections completed, signed and dated	<input type="checkbox"/>
3. Certificate of Incorporation/ Memorandum of Association (only if the applicant is a company or is incorporated)	<input type="checkbox"/>
4. Partnership Agreement (if applicable)	<input type="checkbox"/>
5. Photo or artist's impression of outside of premises	<input type="checkbox"/>
6. Map showing location of premises	<input type="checkbox"/>
7. Detail A4 scale map of the interior of the premises showing: <ul style="list-style-type: none"> • the areas used for sale of alcohol • areas that are to be restricted or supervised (if applicable) • all principal entrances • CCTV placement and security lighting (if applicable) • Any proposed or permitted areas for the display and promotion of alcohol, and any proposed sub-areas 	<input type="checkbox"/>
8. A certificate by the local authority that the proposed use of the premises meet requirements of the Resource Management Act 1991 (new application only)	<input type="checkbox"/>
9. A certificate by the local authority that the proposed use of the premises meets requirements of the Building Code (new application only)	<input type="checkbox"/>
10. Written statement from the owner of the building consenting to the applicant selling alcohol on the premises. Note the consent must be for the same party as detailed in the applicant section of this form	<input type="checkbox"/>
11. A Host Responsibility policy and details in an implementation plan of how the Host Responsibility Policy will be put into practice	<input type="checkbox"/>
12. Public Notice - notice is to be completed and attached for checking prior to being in local newspaper	<input type="checkbox"/>
12. Copies of each Generals Manager's Certificate for those nominated to manage the premises	<input type="checkbox"/>
13. Grocery stores only: statement of annual sales revenue required by Regulation 12 and / or 13 of the Sale and Supply of Alcohol Regulation 2013.	<input type="checkbox"/>
14. A menu or other indication of the standard and style of food to be provided or proposed to be provided	<input type="checkbox"/>