



To the Licence Applicant: **Please fill in and return this form with your licence application, it will speed up the process time.**

The following questions apply to your plans your upcoming event and are in relation to compliance with the Sale and Supply of Alcohol Act 2012

1	What type of event you are requiring a special licence for: <i>e.g. 50th birthday, fundraiser</i>	
2	Do you have a website or social media page associated with this event? <i>If yes, please write address:</i>	yes/no
3	How many hours is the licence for: <input type="checkbox"/> 0-2 hours (Short - low risk) <input type="checkbox"/> 3-4 hours <input type="checkbox"/> 5-7 hours <input type="checkbox"/> 8 hours and over (Long- high risk)	What time of day will your event finish: <input type="checkbox"/> Before 3pm <input type="checkbox"/> Before 10pm <input type="checkbox"/> Later than 10pm - state time of finish _____ <i>e.g. 3am</i>
4	How many people are you anticipating will attend your event? (Max numbers) Will children or young adults be present at the event?	yes/no
5	How many bar staff/volunteers will be present to observe/serve those attending the event?	
6	Are staff/volunteers trained to recognise signs of intoxication and stop serving to a person before this? <i>Refer to Intoxication Guidelines at www.alcohol.org.nz</i>	yes/no
7	Are staff/volunteers trained to ask anyone who looks below 25 years of age for valid ID before being served alcohol <i>(valid ID is: Passport, NZ Driver's Licence or 18+ photo ID card)</i>	yes/no
8	What substantial range of food do you intend to have available at the event? If a catered event, please supply menu: <i>menu supplied yes/no</i> Or at least 3 different types of food: Pies <input type="checkbox"/> , Pizza <input type="checkbox"/> , Savouries <input type="checkbox"/> , Sandwiches <input type="checkbox"/> , BBQ <input type="checkbox"/> (please tick) Other <input type="checkbox"/> <i>If other please state varieties</i> _____	
9	What types of non-alcoholic drinks will be available? Soft drinks <input type="checkbox"/> , coffee/tea <input type="checkbox"/> , energy drinks <input type="checkbox"/> , juice <input type="checkbox"/> water <input type="checkbox"/> Other <input type="checkbox"/> <i>If other please state varieties</i> _____	
10	What types of low alcohol (2.5% or less) will be available? Mid Ales <input type="checkbox"/> , Cider <input type="checkbox"/> light beers <input type="checkbox"/> Other <input type="checkbox"/> <i>If other please state varieties</i> _____	
11	What alcoholic drinks do you intend to serve at your events? Beer <input type="checkbox"/> , Cider <input type="checkbox"/> , Wine <input type="checkbox"/> , Cider <input type="checkbox"/> , Spirits <input type="checkbox"/> , RTD's <input type="checkbox"/> (please tick) If yes for RTDs state alc %	
12	Will all internal areas be smoke free?	yes/no
13	Is Security required? Registered Security Co.....or volunteers(give details)	yes/no
14	Is there an Alcohol Management Plan for this event? If yes please include	yes/no

I have read and understood the above questions and will implement the measures I have indicated

(Name/Trading name of event location) _____

Print your name: _____ Role _____

Print your staff/mgr designation: _____ Signed: _____ Date: _____

Daytime Ph: _____ Mob: _____ email: _____

Please return this questionnaire with a menu or list of foods and Alcohol Management Plan if indicated above

If you have any questions or would like further Host Responsibility information, please contact a Compliance Officer: Waikato District Health Board Alcohol Team 07 838 2569 or l.licensing@waikatodhb.health.nz