

Application for a Special Licence

Section 138, Sale and Supply of Alcohol Act 2012

Form 6



The Secretary
 South Waikato District Licensing Committee
 C/- South Waikato District Council
 Private Bag 7 (Torphin Crescent)
 TOKOROA 3444
 Email: Alcohol@southwaikato.govt.nz

Telephone (07) 885 0340
 Fax (07) 885 0718

Fee: As prescribed (see details below)

Important information:

An application for a special licence MUST be lodged at least 20 working days prior to the event (s) being held. Some exceptions will be made for events which could not have been reasonably foreseen (e.g. funerals) which will be considered on a case by case basis. If your application is accepted and it has been filed with less than 20 working days until the event you **may** be charged an urgent processing fee of \$160.00.

Checklist for Special Licence Applications

Tick

| | |
|---|--|
| 1. Application Fee (see below for details) | |
| 2. Have you signed the "Privacy Act - release of information" section? | |
| 3. A detailed floor plan showing the design and layout of the premises: (a) Highlight the parts of the premises to be used for the sale or supply of alcohol (bar area); and (b) Those parts of the premises (if any) are intended should be designated as restricted areas or as supervised areas. | |
| (c) Indicate clearly the principal entrance and exits (including emergency) and toilets. | |
| 4. Where the applicant is not the owner of the premises, a written statement from the owner, to the effect that the owner has no objection to the grant of the licence. | |
| 5. A complete list of food and non/low alcoholic beverages to be provided (menu). | |
| 6. If a Public Event - A copy of the ticket and/or a copy of any promotional material | |
| 7. If a Private Event - A copy of the invitation | |
| 8. If more than 100 attendees are expected at your event please ensure you have completed the Alcohol Management Plan Template. (AMP). | |
| 9. Does the building have an Approved Fire Evacuation Scheme? If the number of attendees is expected to exceed 100 please fill in the Evacuation Scheme Procedure Data Form. | |

Application Fee (GST inclusive)

| Licence Type | Application Fee | Description |
|--------------|-----------------|---|
| Class 3 | \$63.25 | 1 or 2 events covered by the licence that are of a 'small size' |
| Class 2 | \$207.00 | 3 to 12 events covered by the licence that are of a 'small size', OR 1 to 3 events that are of a 'medium size' |
| Class 1 | \$575.00 | All other special licences, including licences for events that are of a 'large size', 13 or more events that are of a 'small size', OR 4 or more events that are of a 'medium size' |

- A 'small size' event is an event that will be attended by less than 100 people
- A 'medium size' event is an event that will be attended by between 100 - 400 people
- A 'large size' event is an event that will be attended by more than 400 people

If you need any assistance calculating your application fee, please contact us on the details above.

Type of Special Licence

On-site

Off-site

Note: An on-site special licence allows the sale or supply of alcohol that will be consumed at the event(s). An off-site special licence allows the sale or supply of alcohol that will be taken away and consumed at another place. This allows samples to be supplied. An off-site special licensee can only sell their alcohol (e.g. a winery can sell the wine they produce).

Is a licence already held for the premises concerned?

Yes

No

Could the event for which the special licence is applied for have reasonably been foreseen?

Yes

No

If No, describe circumstances

Details of Applicant

Full legal name or names to be on licence:

Postal Address:

Phone:

Email:

Does the applicant have any criminal convictions?

State all criminal convictions (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)

Yes

No

If "yes" please state the nature of offence, date of conviction, and penalty suffered

Details of Managers

Please include the names of the individuals that will be directly responsible for the sale of alcohol, including those that do not hold a managers certificate.

Name

Date of Birth

Certificate Number

Certificate Expiry

Will the licensee be seeking an exemption under Section 213(2) of the Sale and Supply of Alcohol Act 2012? This exemption allows a suitable uncertified individual to be responsible for compliance with the Act pursuant to the licence.

Yes

No

Do any of the named managers above have any convictions? If yes please elaborate.

| Details of premises or conveyance | | | |
|--|-----------------------------------|--------------------------|--------------------------|
| Address of premises: | | | |
| Trading name: | | | |
| Tenure <i>[state whether to be held as freehold, unit title, leasehold, or under licence]</i> | | | |
| Is licence conditional on completion of building work? | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If Yes, state details: | | | |
| | | | |
| Does the applicant own the proposed licensed premises or conveyance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| If No, form of tenure of premises applicant will have (including term of tenure) - Please attached written permission from the owner stating that they have no objection to the sale of alcohol being undertaken from within the conveyance, building or property. | | | |
| | | | |
| Important. Does the Building have an Approved Fire Evacuation Scheme? If the number of attendees are expected to exceed 100 the building MUST have an Approved Fire Evacuation Scheme and it must be maintained. | Yes | <input type="checkbox"/> | No |
| Type of conveyance <i>(eg, ship, railway carriage, bus, etc)</i> | | | |
| Registration number | | | |
| Home base address: | | | |
| Name used or proposed for conveyance: | | | |
| Full legal name | | | |
| Address of owner: | | | |
| Event details - Please note if the event is for a birthday please include their date of birth. | | | |
| Days and hours proposed for sale of alcohol Note: the premises must be vacated no later than 30 minutes after the indicated "stop" time | | | |
| <i>Example</i> | <i>Bill Smith's 80th birthday</i> | Number attending: | <i>Approx 80</i> |
| Start time: | <i>6pm</i> | Stop time: | <i>Midnight</i> |
| Date: | <i>Saturday 9 February 2020</i> | | |
| Age distribution of people attending: | <i>40+</i> | | |

| | | | |
|---|---------------------|-------------------|-------|
| Designation: | <i>Undesignated</i> | | |
| Specifics of Event: | | | |
| <i>Celebrating Bill's 80th birthday with family and friends coming from all over NZ</i> | | | |
| | | | |
| Event 1 | | Number attending: | |
| | | | |
| Start time: | | Stop time: | |
| | am/pm | | am/pm |
| Date | | | |
| Age distribution of people attending: | | | |
| Designation: | | | |
| Specifics of Event | | | |
| | | | |
| | | | |
| Event 2 | | Number attending: | |
| | | | |
| Start time: | | Stop time: | |
| | am/pm | | am/pm |
| Date | | | |
| Age distribution of people attending: | | | |
| Designation: | | | |
| Specifics of Event | | | |
| | | | |
| | | | |
| Event 3 | | Number attending: | |
| | | | |
| Start time: | | Stop time: | |
| | am/pm | | am/pm |
| Date | | | |
| Age distribution of people attending: | | | |
| Designation: | | | |
| Specifics of Event | | | |
| | | | |
| | | | |

For additional events please refer to the attached sheet.

Types of containers in which alcohol will be contained?

Is the applicant intending to engage 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", describe the nature of other goods and services:

On- Site Conditions *(Off-site special licence applicants answer questions 1,6,7 & 10 ONLY)*

1. Experience and training of applicant:

2. Provision of –

(a) Food Substantial *(describe type and range) please note that potato chips and nuts are not classed as substantial food items.*

(b) Non-alcoholic beverages *(describe type and range)*

(c) Low-alcohol beverages *(describe type and range)*

3. To what extent, and where, drinking water is intended to be freely available to patrons *(describe)*

4. If no access to mains water supply, portability of water intended to be available *(describe)*

5. Steps intended to be taken to provide help with and information about alternative forms of transport from the premises *(state)*

6. Steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people *(describe)*

7. Any other steps the applicant proposes to promote the responsible consumption of alcohol *(describe)*

8. Security

Will there be security? Yes/No

If yes are they paid or unpaid security?

Please specify the name of the security company?

How many security personnel will there be?

9. Staffing numbers

How many staff will be assisting behind the bar?

How many staff will be assisting with monitoring and surveillance?

10. Other systems (including training systems) to ensure compliance

Attachments (see checklist on front page)

Notes

1. This form must be accompanied by the prescribed fee.
2. If required to do so by the secretary of the District Licensing Committee, the applicant must within 10 working days after filing this application with the committee ensure that notice of this application in form 8 is attached in a conspicuous place on or adjacent to the site to which this application relates.

To assist in completing this application, please see Check List on front page

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 Special 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

Dated at

this

day of

20

Applicant's Signature:

For Office Use Only

Date

Received:

Receipt No:

Amount:

PUBLIC HEALTH



Waikato District Health Board

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: e.g. 50 th birthday, fundraiser | |
| 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 _____ e.g. 3am |
| 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