

Application for Temporary Authority

Section 136, Sale and Supply of Alcohol Act 2012 (Form 16)



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: Alcohol@southwaikato.govt.nz

Fee:

\$296.70

(GST inclusive)

Details of Applicant

Full Legal Name:			
Address:			
Occupation:			
Postal address for Service:			
Contact Name (Daytime):			
Email:			
Contact Details:	Fax:		Phone:
			Mobile:
Status of applicant:	<input type="checkbox"/>	Body Corporate	<input type="checkbox"/>
	<input type="checkbox"/>		Department of State
	<input type="checkbox"/>	Natural Person(s) (an ordinary person in their private capacity)	
	<input type="checkbox"/>	Licensing Trust or Community Trust	
	<input type="checkbox"/>	Public Company	
	<input type="checkbox"/>	Private Company	
	<input type="checkbox"/>	Trustee	
	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	Club		
<input type="checkbox"/>	Local Authority		

Details of Current Licence

Type of Licence the premises currently has			
Current Licence No(s):	<input type="checkbox"/>	On-Licence	<input type="checkbox"/>
			Off-Licence
Date of Expiry:			
Name on licence:			

Details of Premises

Address of premises:			
Trading or other name (if any):			

Details of Conveyance

To be included only where the licence applies to any conveyance

Type of conveyance:	
Address of home base (if any):	
Trading or other name (if any):	

Further Details

What right, title, estate or interest does the applicant have in the premises (or conveyance) to which the application relates? *[state]*

What right, title, estate or interest does the applicant have in any business conducted in the premises (or conveyance) to which the application relates? *[state]*

Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?

If No, what is the full legal name, address, and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Full Name:	
Address:	
Occupation:	

List of staff employed on premises

Name	Certificate number if applicable (please provide copies)	LCQ Y/N - if yes please provide dates	Years' experience employed on a licensed premises

Purpose of application

What are the reasons for the application? *[state]*

To assist in completing this application, please see Check List below

Notes

- This application must be accompanied by the prescribed fee. The District Licensing Committee may require notice of this application to be given to any person or persons it may state.

2. 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 Temporary Authority are required to sign the authorisation below. Failure to allow the Police to disclose this information may result in your application not being determined.
Authorisation: The Police **may** be 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.

7. Do you consent the release of this information? If yes, please sign below

Dated at		this		day of		20
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Applicants signature:	
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For Office Use Only

Date Received:		Date paid:	
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Invoice		Amount:		Receipt No:	
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Check List

Please ensure that you have completed all sections and included all attachments, failure to do so may delay in the processing of your application

1. Application fee:		2. A copy of the current licence	
3. A list of applicant's work experience + two written references		4. A current floor plan, indicating positioning of cctv cameras if applicable.	
5. List of staff employed on premises, please provide copies of manager's certificates if certified.		6. Certificate of incorporation (if applicable)	
7. Written statement from the owner of the building consenting to the applicant selling alcohol on the premises.		8. Menu if applicable	
10. One form of identification, if you are a New Zealand Citizen or Resident please provide either a copy of your New Zealand driver's licence or New Zealand passport. All other applicants must provide a copy of a current work visa and foreign passport. If you cannot provide either of the above please contact our office to discuss			