

# Application for New Off-Licence

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

Is made in accordance with the particulars set out below.

Form 4

(for Premises)



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: Environmental.Health@southwaikato.govt.nz

Fee:

\$

## Endorsement

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

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## 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)

Natural Person

Partnership

Trustee

Club

Local Authority

Private Company

Public Company

Licensing Trust or Community Trust

### For applicant that is a natural person or persons

Full Name:

Any Aliases:

Residential Address:

Sex:

Occupation:

Date of Birth:

Place of Birth

Internet Site: (If applicable)

Postal Address:

Telephone

Mobile

Fax

Email

Preferred Mode of Contact:

### For applicant that is a Body Corporate, authority under which incorporated

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| Applicant that is not a natural person or persons  |                    |               |                 |               |
|--|--------------------|---------------|-----------------|---------------|
| Full Name:   |                    |               |                 |               |
| Residential Address:   |                    |               |                 |               |
| Sex:   |                    |               |                 |               |
| Occupation:  |                    |               |                 |               |
| Date of Birth:   |                    |               |                 |               |
| Internet Site:<br>(If applicable)  |                    |               |                 |               |
| Postal Address:  |                    |               |                 |               |
| Telephone:   |                    | Mobile:       |                 |               |
| Fax:   |                    | Email:        |                 |               |
| Preferred Mode of Contact:   |                    |               |                 |               |
| Criminal Convictions   |                    |               |                 |               |
| Does the applicant have any criminal convictions?<br><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:<br>(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"/> |                          |
|  | <input type="checkbox"/> | Premises on which principal business is manufacture or sale of liquor |                          |                                  |                          |         |                          | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |
| Is a Licence sought conditional upon construction or completion of the premises? |                          |   | <input type="checkbox"/> | Yes                              | <input type="checkbox"/> | No      |                          |                          |                          |                          |

If Yes, please provide details

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**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 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

If No, what is the intended principal purpose of the business?

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|--|--------------------------|-----|--------------------------|----|
| 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 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

If Yes, what is the nature of those other goods or services

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Days and hours proposed for sale of alcohol

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**What part (if any) of the premises are you going to designate?**

As a **RESTRICTED** area (where a person who is under 18 years is not permitted on the premises)

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As a **SUPERVISED** area (where alcohol may be sold or supplied in a supervised area to any person under 18 who is accompanied by a parent or legal guardian)

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|---|-----|--------------------------|----|--------------------------|
| In the case only of a BYO restaurant, does the applicant wish to have the licence endorsed under Section 37 of the Act? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

Experience and training of the applicant (*state what qualification was completed and where it was completed*)

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Does the applicant own any other premises? If yes please elaborate.

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## Conditions

What experience and training does applicant have?

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What steps applicant proposed to take to prevent the sale and supply of alcohol to prohibited people [*Describe*]

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What other steps does the applicant proposes to promote for the responsible consumption of alcohol [*Describe*]

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What other systems (including training) and staff are in place (or to be in place) for compliance with the Act [*Describe*]

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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?

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State all sensitive sites (e.g. childcare centres, schools, churches etc) within the close proximity of the proposed site?

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Has the applicant or applicant's business appeared before the Alcohol Regulatory and Licensing Authority for any reason? If Yes, please provide details

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Has your business been subject to the police controlled purchase operations and if so, what were the results?

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Have you had any complaints from the neighbours (including confirmed noise complaints) that you are aware of? If Yes, state details:

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|----------|--|------|--|--------|--|----|
| Dated at |  | this |  | day of |  | 20 |
|----------|--|------|--|--------|--|----|

|                        |  |
|------------------------|--|
| Applicant's Signature: |  |
|------------------------|--|

|             |  |
|-------------|--|
| Print Name: |  |
|-------------|--|

*To assist in completing this application, please see Checklist on last page*

**For Office Use Only**

|                |  |          |  |         |  |
|----------------|--|----------|--|---------|--|
| Date Received: |  | Invoice: |  | Amount: |  |
|----------------|--|----------|--|---------|--|

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|---------|--|-------------|--|--|--|
| Debtor: |  | Receipt No: |  |  |  |
|---------|--|-------------|--|--|--|

**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, 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 |  |
|--|--|-----|--|----|--|

|          |  |      |  |        |  |    |
|----------|--|------|--|--------|--|----|
| Dated at |  | this |  | day of |  | 20 |
|----------|--|------|--|--------|--|----|

|                        |  |
|------------------------|--|
| Applicant's Signature: |  |
|------------------------|--|

**Check List for Off-Licence**

The following must be included with every application:

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| 1. Application Fees - please contact the Liquor Licensing Inspector  |  |
| 2. Application form, with all sections completed, signed and dated.  |  |
| 3. Certificate of Incorporation/ Memorandum of Association (only if the applicant is a company or is incorporated) |  |
| 4. Partnership Agreement (if applicable)   |  |
| 5. Photo or artist's impression of outside of premises.  |  |

|  |  |
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| 6. Map showing location of premises.   |  |
| 7. Detail A4 scale map of the interior of the premises showing: <ul style="list-style-type: none"><li>• the areas used for sale of alcohol</li><li>• areas that are to be restricted or supervised (if applicable)</li><li>• all principal entrances</li><li>• CCTV placement and security lighting (if applicable)</li><li>• Any proposed or permitted areas for the display and promotion of alcohol, and any proposed sub-areas</li></ul> |  |
| 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)   |  |
| 9. A certificate by the local authority that the proposed use of the premises meets requirements of the Building Code (new application only)   |  |
| 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.   |  |
| 11. A Host Responsibility policy and details in an implementation plan of how the Host Responsibility Policy will be put into practice.  |  |
| 12. Public Notice - notice is to be completed and attached for checking prior to being in local newspaper.   |  |
| 12. Copies of each General Manager's Certificate for those nominated to manage the premises.   |  |
| 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.  |  |
| 14. A menu or other indication of the standard and style of food to be provided or proposed to be provided.  |  |

# Application for Certificate that the Proposed Use of the Premises Meets the Requirements of the Building Code

*Section 100(f) Sale and Supply of Alcohol Act 2012*



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

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

**Fee:**  
**\$133.00**

## Applicant Details

|   |            |  |         |  |
|---|------------|--|---------|--|
| Full Name:  |            |  |         |  |
| Address:  |            |  |         |  |
|   |            |  |         |  |
| Postal address for Service (if different to above): |            |  |         |  |
|   |            |  |         |  |
| Name of Contact:                                    |            |  |         |  |
| Contact Details:                                    | Telephone: |  | Fax:    |  |
|   | Email:     |  | Mobile: |  |

## Premises Details

|  |                          |              |                          |                                      |                          |                                   |
|--|--------------------------|--------------|--------------------------|--------------------------------------|--------------------------|-----------------------------------|
| Name of Premises/Establishment::                                       |                          |              |                          |                                      |                          |                                   |
| Address of Premises in respect of which a Licence Application is made: |                          |              |                          |                                      |                          |                                   |
|  |                          |              |                          |                                      |                          |                                   |
| Type of Licence (tick):  | <input type="checkbox"/> | On-Licence   | <input type="checkbox"/> | Off-Licence                          | <input type="checkbox"/> | Club Licence                      |
|  | <input type="checkbox"/> | New Building | <input type="checkbox"/> | Existing Building - no change of use | <input type="checkbox"/> | Existing Building - change of use |
| Applicant's Signature:   |                          |              |                          |                                      |                          |                                   |
| Date:  |                          |              |                          |                                      |                          |                                   |

## For Office Use Only

|                |  |             |  |         |  |
|----------------|--|-------------|--|---------|--|
| Date Received: |  | Invoice:    |  | Amount: |  |
| Date Paid:     |  | Receipt No: |  |         |  |

## Privacy Act 1993

8. 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.
9. 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.
10. The information will be held by South Waikato District Council, Torphin Crescent, Tokoroa.
11. 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.
12. You have the right to access the information and to request its correction.



# Application for Certificate that the Proposed Use of the Premises Meets the Requirements of the Resource Management Act 1991



*Section 100(f) Sale and Supply of Alcohol Act 2012*

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

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

**Fee:**  
**\$159.00**

## Applicant Details

|   |            |  |         |  |
|---|------------|--|---------|--|
| Name of Applicant:                                  |            |  |         |  |
| Address:  |            |  |         |  |
|   |            |  |         |  |
| Postal address for Service (if different to above): |            |  |         |  |
|   |            |  |         |  |
| Name of Contact:                                    |            |  |         |  |
| Contact Details:                                    | Telephone: |  | Email:  |  |
|   | Fax:       |  | Mobile: |  |

## Premises Details

|  |  |
|--|--|
| Name of Premises/Establishment:  |  |
| Address of Premises in respect of which a Licence Application is made:                               |  |
| Legal Description of the Property:   |  |
| State what Section of the Liquor Act the application is made (On-Licence, Off-Licence, Club Licence) |  |
|  |  |

## Use of Premises

Specifically state the proposed use of the premises in respect of which the Licence Application is being made, eg, shop, restaurant, hotel, cabaret, club, winery, etc.

State how the premises were established (eg, permitted activity, resource consent, existing use rights). Please attach supporting evidence/documentation (such as a copy of Council decision on a Planning application).

Note: A Resource Management Certificate under the Sale of Liquor Act will only be issued in respect of an application which complies fully, as a permitted activity, with the District Plan provisions, or the application is for a renewal. Otherwise, Resource Consent or Certificate of Compliance will be required.

If the use has been established by a Planning or Resource Consent, please supply evidence that all conditions of any consent have been complied with:

## Proposed Use of Premises

Please state in detail the proposed use of the premises, namely:

Hours and days of operation or the frequency with which the premises will be used:

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The number of people the premises will cater for:

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The number of available carparks:

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The Application must be accompanied by a scaled site plan showing:

1. All buildings.
2. Car parking/manoeuvring area.
3. Entrances and exists to and from the site.
4. All areas to be used for the sale, supply and consumption of liquor.

Dated at 

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 this 

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 day of 

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Applicant's Signature: 

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

## For Office Use Only

Date Received:

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Invoice:

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Amount:

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Date Paid:

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Receipt No:

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## 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.

**NEW ZEALAND FIRE SERVICE  
EVACUATION SCHEME PROCEDURE DATA**

Section 286 of the Sale and Supply of Alcohol Act 2012

Section 21a of the Fire Service Act 1975

Fire Safety and Evacuation of Buildings 1992

|                          |                |
|--------------------------|----------------|
| <b>LICENSED PREMISES</b> |                |
| Name:                    | _____          |
| Address:                 | _____<br>_____ |

|                  |       |
|------------------|-------|
| Contact Person : | _____ |
| Phone:           | _____ |
| Email:           | _____ |

|  |          |
|--|----------|
| Do you have an evacuation scheme approved by the Fire Service as required by section 21A of the Fire Service Act 1975? | Yes / No |
| Date approved:   | _____    |

|  |          |
|--|----------|
| Do you have an evacuation procedure as required by Fire Safety and Evacuation of Buildings Regulations 1992? | Yes / No |
| Date implemented:  | _____    |

|  |               |
|--|---------------|
| What is the maximum number of people that the building can occupy? |               |
| Employees: _____   | Public: _____ |
| Are there any other tenants in the building?                       | Yes / No      |
| Are your exit routes and doors indicated by signs?                 | Yes / No      |

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| DETAILS OF THE BUILDING'S FIRE PROTECTION — Please tick if you have the following: |                          |                          |                          |
| Automatic fire sprinkler   | <input type="checkbox"/> | Automatic fire detection | <input type="checkbox"/> |
| Manual fire alarm  | <input type="checkbox"/> | Emergency lighting       | <input type="checkbox"/> |
| Hose reels   | <input type="checkbox"/> | No of units              | _____                    |
| Portable fire extinguishers  | <input type="checkbox"/> |                          |                          |
| Other  | <input type="checkbox"/> |                          |                          |

|                                      |  |
|--------------------------------------|--|
| <b>Please tick where applicable:</b> |  |
| <input type="checkbox"/>             | I hereby declare that the above premises has an Evacuation Scheme/Procedure for the public safety which meets the requirements of Section 21A of the Fire Service Act 1975; or |
| <input type="checkbox"/>             | The building, by reason of its current use, does not require such a scheme, or that the building is exempt from having to meet the requirements for such a scheme.             |
| Name: _____                          | Designation: _____   |
| Signature: _____                     | Date: _____  |

**Public Notice**  
Of application for off licence  
*Section 101, Sale and Supply of Alcohol Act 2012*  
Form 7



**Applicant - this form should be completed and forwarded directly to the South Waikato News  
South Waikato News - please print only what is inside the box**

|   |  |
|---|--|
| 1 | <p style="text-align: center;"><b>Public Notice</b><br/><b>New</b><br/><b>Off-licence</b></p> <p style="text-align: center;"><b>Section 101, Sale and Supply of Alcohol Act 2012</b></p>   |
| 2 | <p>_____</p> <p>_____</p> <p><i>(Full name, address and occupation of applicant)</i></p>   |
| 3 | <p>has made application to the District Licensing Committee at Tokoroa for the grant of an Off licence in respect of the premises</p>  |
| 5 | <p>situated at _____</p> <p><i>(Full address of the Premises)</i></p>  |
| 6 | <p>and known as _____</p> <p><i>(Name of the Premises)</i></p>   |
| 7 | <p>The general nature of the business conducted (or to be conducted) under the licence is _____</p> <p><i>(For example: hotel, tavern, restaurant, entertainment/night club)</i></p>   |
| 8 | <p>The days on which and the hours during which liquor is (or is intended to be) sold under the licence are _____</p> <p>_____</p> <p><i>(Specify the days and hours alcohol will be sold)</i></p>   |
|   | <p>The application may be inspected during ordinary office hours at the offices of the South Waikato District Licensing Committee, Tokoroa, Council Building, Torphin Crescent, Tokoroa.</p> <p>Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of the publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Private Bag 7, Tokoroa 3444.</p> <p>No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.</p> |
| 9 | <p>This is the first/second/only publication of this notice. The first publication was made on _____</p> <p><i>(Date)</i></p> <p><i>(Delete where not applicable)</i></p>  |

**ONSITE NOTICE**  
Of application for Off Licence  
*Section 101, Sale and Supply of Alcohol Act 2012*



|   |  |
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| 1 | <p style="text-align: center;"><b>ONSITE NOTICE</b><br/>New<br/>Off-licence</p> <p style="text-align: center;"><b>Section 101(a) Sale and Supply of Alcohol Act 2012</b></p>   |
| 2 | <p>_____</p> <p>_____</p> <p><i>(Full name, address and occupation of applicant)</i></p>   |
| 3 | <p>has made application to the District Licensing Committee at Tokoroa for the grant of an Off licence in respect of the premises</p>  |
| 5 | <p>situated at _____</p> <p><i>(Full address of the Premises)</i></p>  |
| 6 | <p>and known as _____</p> <p><i>(Name of the Premises)</i></p>   |
| 7 | <p>The general nature of the business conducted (or to be conducted) under the licence is _____</p> <p><i>(For example: hotel, tavern, restaurant, entertainment/night club)</i></p>   |
| 8 | <p>The days on which and the hours during which liquor is (or is intended to be) sold under the licence are _____</p> <p>_____</p> <p><i>(Specify the days and hours alcohol will be sold)</i></p>   |
|   | <p>The application may be inspected during ordinary office hours at the offices of the South Waikato District Licensing Committee, Tokoroa, Council Building, Torphin Crescent, Tokoroa.</p> <p>Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of the publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Private Bag 7, Tokoroa 3444.</p> <p>No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.</p> |

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**IMPORTANT - PLEASE READ**

Please fill the above form out and attach it to your premises so it can be read by persons walking past from the outside.

Once you have done this, please take a photograph of the notice and send it to either: -

[Environmental.Health@southwaikato.govt.nz](mailto:Environmental.Health@southwaikato.govt.nz) or [Julie.smale@southwaikato.govt.nz](mailto:Julie.smale@southwaikato.govt.nz)