Sections 100, Sale and Supply of Alcohol Act 2012 (Form 3) is made in accordance with the particulars set out below



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: As prescribed

Check List for New On-Licence

Please ensure that all relevant documents are attached, failure to attach to the application may result in delayed processing times

	owing must be included with application:	(tick
1.	Application Fees (the fees will be determined after assessment of application).	
2.	Application form, with all sections completed, signed, and dated.	
3.	Photo or artist's impression of outside of premises.	
4.	Map showing location of premises	
5.	Detail A4 scale map of the interior of the premises showing:	
	 Areas of the premises intended to be used for the sale, supply and consumption of alcohol. 	
	Areas of the premises intended to be Restricted Area or Supervised Area (if applicable)	
	 The entrance to the premises that the applicant intends should be designated as the principal entrance. 	
	CCTV placement and security lighting (if applicable)	
6.	A certificate by the local authority that the proposed use of the premises meets requirements of the Resource Management Act 1991.	
7.	A certificate by the local authority that the proposed use of the premises meets requirements of the Building Code.	
8.	Where the applicant is not the owner of the premises, a 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.	
9.	A Host Responsibility Policy and details of the implementation plan as to how the Host Responsibility Policy will be put into practice.	
10.	Public Notice - notice is to be completed and attached for checking prior to being in South Waikato News.	
11.	Copies of Manager's Certificates and Photo identification of all named certificated Managers, for New Zealand and Australian Citizens or permanent residents please include a copy of either NZ or Australian Passport, Birth Certificate, or proof of residency, for all others please include a copy of passport and a valid work visa for those managers appointed to the business. If you are having difficulty obtaining any of these please contact the licensing staff to discuss options.	
12.	A menu or other indication of the standard and style of food to be provided.	
13.	Certificate of Incorporation (if applicable)	
14.	Where the applicant is a company. A copy of the Memorandum of Association or other documentary evidence of its authority to sell alcohol or to hold a licence under the Act or under the provisions of any previous enactment relating to the sale of alcohol.	

-		authority, a reference n On-Licence under t		tment by whic	h applicant is			
16. Where the applicant is a manager acting for any person pursuant to a property order made under the Protection of Personal and Property Rights Act 1988, a copy of the property order.								
1. Details of A	pplicant(s)							
Full legal name or nam	es to							
Whether licence alread	ly held for premis	ses or	•	Yes		No		
If yes, state kind of lice	nce (tick)							
ii yes, state kiila oi lice	Premises		Conveyance					
Address of	1 Tollilloco				Convoya			
applicant:								
Postal								
address:								
Name of contact perso	n:							
	phone:		Fax:					
details: Ema	nil:		Mobil	e:				
Preferred Method of Co	ontact:							
Internet Site:								
2. Status of Ap	oplicant							
Natural Person(s) (an ordinary person in their private capacity)				Private Company				
Licensing Trust or Com	nmunity Trust			Trustee				
Public Company			Partnership					
Club				Local Autho	ority			
Body Corporate			Department of State					
3. Natural Per	son Details							
Full Legal Name:								
Any aliases:								
Usual Residential Address:								
Contact Details:	Telephone:			Mobile:				
Dueferme d Mark 1 1 CO	Email:							
Preferred Method of Co	ontact:	Place of	Dieth:					
Gender:		Place of	DII II I.					
Occupation:								
4. Partnership	Details							
Full Legal Name:								
Address:								
Contact Details:		Telephone:		Mc	obile:			
		Email:						
Preferred Method of Co	ontact:							
Full Legal Name:								

Address:							
Contact Details	:	Telephone:	Mobile:				
		Email:					
		<i>rporated under the</i> company Full leg					
Date of Incorpo	ration:						
Place of Incorp	oration:						
State the full de	tails of each director	•		_			
Name	Address	Place of Birth	Date of Birth	Contact Number	/Email		
Shareholder Name	Address	Place of Birth	Date of Birth	Face Value of Sh	nares Held		
Ivanie							
(other than con	victions for offences	ders have any Criminal against provisions of th rds (Clean Slate) Act 20	ne Land Transport Act	1998 not contained in	n Part 6, and		
	Yes			No			
If yes, please s	tate the nature of the	offence, date of the off	fence and conviction a	and penalty suffered:			
	Directors or Sharehe the Authority? If yes	olders been before the	Authority (ARLA) or d	lo any have any pend	ing matters yet to		
be fleatu belote	Yes	s, piease list	No				
	163			140			
6. Detail	s of Premises (lf not a Conveyar	ice)				
Address:							
Any name, trad	ing name or name of	building:					
Is a Licence so	ught conditional upor	n construction or compl	etion	′es	No		
of the premises	? If yes, please spec	eify.					
5					N.		
		ed licensed premises?		Yes	No		
*If no, full legal address of own							
What form of te	nure of the premises	will the applicant have	? (e.g., Lease 5 x 5 et	rc)			
77 Ide Ionni or te	nare or the premises	This applicant nave	. (o.g., Loudo o x o et	~)			

*If the applicant is not the owner of the building, please ensure that written permission from the owner of the building is included in the application stating that the applicant can undertake the sale and supply of alcohol from within the building.

7.	Details of Conv	eyance					
Is the	the premises a conveyance?			Yes		No	
If yes	please indicate type: (é	e.g., ship, ra	ailway carriage, bus	etc).			
applic	e (state whether owned ant, or to be operated t er, lease, or licence)						
	owned by applicant ple y the owners full name	ease					
Addre	ss of owner:						
Regist	tration Number:						
Home	base address:						
	,						
Is lice	for conveyance:	pletion of c	onstruction		Yes		No
work?							. 6.11
conve	applicant is not the ow yance is included in the the conveyance.						
8.	Details of Mana	gers					
Full Le	egal Name:	Date of Bi	irth:	Certificate N	lumber:	Certificate Exp	iry:
	any of the named manarity or have any crimina				, have any matt	ers pending bef	ore the

Do all the named managers above have a legal right to work in New Zealand? For holders of foreign passports, please attach written evidence of immigration status and copies of current visas.
g
9. Business Details
What is the general nature of the business to be conducted by the applicant if the licence is granted? (For example, hotel, tavern, restaurant, entertainment/night club)
Is the sale of alcohol intended to be the principal purpose of the business? Yes No
If no, what is the intended purpose of the business?
Is the 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
If yes, what is the nature of those other goods or services?
On which days and during which hours does the applicant propose to sell alcohol under the licence? (Trading hours)
10. Designation
What part (if any) of the premises do you seek to be designated?
What part (if any) of the premises do you seek to be designated? As a RESTRICTED Area (where a person who is under 18 years is not permitted on the premises)
As a RESTRICTED Area (where a person who is under 18 years is not permitted on the premises) As a SUPERVISED Area (where a person under 18, who is accompanied by a parent or legal guardian, may be
As a RESTRICTED Area (where a person who is under 18 years is not permitted on the premises)
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Non-alcoholic beverages (describe type and range)
Low alcohol beverages (describe type and range). Alcohol content must be between 1.15% - 2.5% abv
To what extent, and where, drinking water is intended to be freely available (describe)
If no access to mains water supply, what potable water is will be available? (Free of Charge)
What steps does the applicant intend to take to provide help with, and information on transport options from the premises?
What steps does the applicant propose to prevent the sale and supply of alcohol to prohibited people? (describe)
Any other steps the applicant proposes to promote the responsible consumption of alcohol (describe)
Other systems (including training systems), and staff in place (or to be in place) to ensure compliance of the Act (describe)

Notes

- This form must be accompanied by the prescribed fee.
- 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).
- 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).

Individual 'Privacy /	 Individual 'Privacy Act 1993 Consents' required for each Director forms available on request. 							
To ass	sist in completing this appli	cation, please see Chec	k List on front page	l				
For Office Use Only				l				
Date Received:	Invoice:	Ar	nount:					
Date Paid:	Receipt No:	De	ebtor:					
Privacy Act 1993								
 been granted or declined, for the information may be relief of the approval of this applie. The information will be held. The information may be provided the Council's ownership and 1988 and to Valuation New. You have the right to access. Disclosure of Police Inform Failure to allow the Police to Authorisation: The Police and the provided the police of the provided the police of the provided the police of the provided the pr	 been granted or declined, for administration, monitoring and enforcement. 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. The information will be held by South Waikato District Council, Torphin Crescent, Tokoroa. The information may be provided to the Medical Officer of Health, Police and ARLA 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. You have the right to access the information and to request its correction. Disclosure of Police Information: Applicants for this On-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. 							
Do you consent to the releas	se of this information?	Yes						
Dated at	this	day of		20				
Applicant's Signature:								

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

South Waikato District Council

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: Alcohol@southwaikato.govt.nz Fee: \$146.00

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/Establishmo	ent:							
Address of Premises in respec	t of which a							
Licence Application is made:								
Type of Licence (tick):	On-Licence	е		Off-Lice	ence		Club Licence	
New Building	Existing Bu	uilding - no change of use		E	xisting	Building - change of	of use	
Applicant's Signature:								
Date:								
To assist in completing this application, please see Check List on front page.								
For Office Use Only								
Date Received:	Invoice:				Amount:			
Date Paid:	Receipt No:							
Privacy Act 1993								

Privacy Act 1993

- 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.
- 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.
- The information will be held by South Waikato District Council, Torphin Crescent, Tokoroa.
- The information may be provided to the Medical Officer of Health, Police and ARLA 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.
- 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

Telephone (07) 885 0340 Fax (07) 885 0718 Fee: \$175.00

TOKOROA 3444		Email: A	licohol@sou	uthwaikato.govt.nz	
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/Establishm	nent:				
Address of Premises in respec	ct of which a				
Licence Application is made:					
Legal Description of the Prope	erty:				
State what Section of the Alco	hol Act the applic	ation is made (On-Li	icence, Off-L	Licence, Club Licence	e)
Use of Premises					
Specifically state the proposed restaurant, hotel, cabaret, club	· ·	ses in respect of whi	ich the Licer	nce Application is bei	ng made, (eg, shop,
State how the premises were supporting evidence/document	, , ,				s). Please attach
Note: A Resource Manageme which complies fully, as a perr Otherwise, Resource Consent	mitted activity, witl	h the District Plan pro	ovisions, or		
If the use has been establishe consent have been complied		r Resource Consent	, please sup	pply evidence that all	conditions of any

Proposed Use of Premises

Hours and days of op	eration or the	frequency with wh	hich the premises v	vill be used:	
The number of people	e the premise	s will cater for:			
The number of availa	ble carparks:				
The Application must	The Application must be accompanied by a scaled site plan showing:				
_	/manoeuvring	area.			
3. Entrances a	nd exists to a	nd from the site.			
4. All areas to	be used for th	e sale, supply and	consumption of al	cohol.	
Dated at		this	day of		20
Applicant's Signature):				
	To assist in completing this application, please see Check List on front page.				
For Office Use (Only				
Date Received:		Invoice:		Amount:	
Date Paid:		Receipt No:			
Privacy Act 1993					
 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. 					
The information mathe approval of this	•	o any inquirer about	the application, the re	efusal of the application	on, or in relation to the exercise of
The information will be held by South Waikato District Council, Torphin Crescent, Tokoroa.					

- The information may be provided to the Medical Officer of Health, Police and ARLA, 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.
- You have the right to access the information and to request its correction.

FIRE AND EMERGENCY NEW ZEALAND EVACUATION SCHEME PROCEDURE DATA

Section 286 of the Sale and Supply of Alcohol Act 2012 Section 76 of the Fire and Emergency New Zealand Act 2017 Fire Safety and Evacuation of Buildings 1992

		LICEN	ISED PREMISES		
Name:					
Address:					-
Address					-
_					-
Contact Person:					-
Phone: _					_
Email: _					_
Do you have an evacuat	ion scheme approv	ed by Fire a	and Emergency New Zealand		
as required by section 7	6 of the Fire and En	mergency N	lew Zealand Act 2017	Yes/No	
Date approved:					
_					-
D		and and built	Fire Cofee, and Francisco of D	- Units	
Regulations 1992?	ion procedure as re	equirea by	Fire Safety and Evacuation of B	ullaings	
				Yes/No	
Date implemented: _					
Milhan in the annulation			di		
What is the maximum n	umber of people to	nat the buil	ding can occupy?		
Employees: _		_Public:			
Are there any tenants in	the building?			Yes/No	
The there any tenants in	· the container			,	
Are your exit routs and	doors indicated by	signs?		Yes/No	
DETAILS OF THE BUILDIN	NG'S FIRE PROTECT	ION - Plass	se tick if you have the following		
DETAILS OF THE BUILDIN	NG 3 FIRE PROTECT	ION - Fleas	se tick if you have the following		
Automatic fire sprinkler			Automatic fire detection	\Box	
Manual fire alarm Hose reels	\vdash		Emergency lighting	Ш	
Portable fire extinguishe	ers	No of uni	ts		
Other					
Please tick where appli	cable:				
		as an Evacı	uation Scheme/Procedure for th	ne public safety wh	ich meets the
 requirements of Section	n 76 of the Fire and	Emergenc	y New Zealand Act 2017; or		
		does not re	quire such a scheme, or that the	e building is exemp	t from having to meet
the requirements for su	cn a scneme.				
Name:			Designation:		
Signature:			Date:		
Signature.			Dute.		

Public Notice

Of application for On-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 - please print only what is inside the box

1	Public Notice New
	On-Licence
	Section 101, Sale and Supply of Alcohol Act 2012
2	
_	
	(Full name, address and occupation of applicant)
3	has made application to the District Licensing Committee at Tokoroa for the grant of an On-licence in respect of the premises
4	situated at
	(Full address of the Premises)
5	and known as
	(Name of the Premises)
	The general nature of the business conducted (or to be conducted) under the licence is:
6	The general hatare of the business conducted (of to be conducted) under the hoofice is.
	(For example: hotel, tavern, restaurant, entertainment/night club)
_	The days on which and the hours during which alcohol is (or is intended to be) sold under the licence are:
7	
	(Specify the days and hours alcohol will be sold)
8	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.
	Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 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.
	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.
9	This is the first/second/only publication of this notice. The first publication was made on
	(Date)
	(Delete where not applicable)

ONSITE NOTICE

Of application for On-Licence Section 101, Sale and Supply of Alcohol Act 2012



	ONSITE NOTICE
1	New
	On-Licence
	Section 101(a) Sale and Supply of Alcohol Act 2012
2	
	(Full name, address and occupation of applicant)
3	has made application to the District Licensing Committee at Tokoroa for the grant of an On-licence in
	respect of the premises
4	situated at
	(Full address of the Premises)
5	and known as
	(Name of the Premises)
	The general nature of the business conducted (or to be conducted) under the licence is:
6	
	(For example: hotel, tavern, restaurant, entertainment/night club)
	The days on which and the hours during which alcohol is (or is intended to be) sold under the licence
7	are:
,	
	(Specify the days and hours alcohol will be sold)
8	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.
	Any person who is entitled to object and who wishes to object to the issue of the licence may, not later
	than 25 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.
	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.

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: -

Alcohol@southwaikato.govt.nz or Julie.smale@southwaikato.govt.nz