

Application for Renewal Variation of Off Licence (for Premises)

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

Is made in accordance with the particulars set out below.

Form 4



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:
As prescribed

Check List for Renewal and/or Variation of Off Licence

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

| The following must be included with application: | <i>(tick)</i> |
|--|---------------|
| 1. Application Fees - please contact the alcohol Licensing Inspector if unsure. | |
| 2. Application form, with all sections completed, signed, and dated. | |
| 3. Certificate of Incorporation/Memorandum of Association (if applicable), | |
| 4. Partnership Agreement (if applicable), | |
| 5. Photo or artist's impression of outside of premises. | |
| 6. Map showing location of premises. | |
| 7. Detail A4 scale map of the interior of the premises showing: <ul style="list-style-type: none"> • The areas used for sale of alcohol • Areas that are to be Restricted Area or Supervised Area (if applicable) • All principal entrances • CCTV placement and security lighting (if applicable) • Any proposed or permitted areas for the display and promotion of alcohol, and any sub-areas (Grocery Store and Supermarkets) | |
| 8. 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 Social Responsibility Policy and details in an implementation plan how the policy is put into practice, | |
| 10. Public Notice - notice is to be completed for advertising on the South Waikato District Council website. | |
| 11. Copies of each Manager's Certificate for those appointed to the business. | |
| 12. Grocery stores only: statement of annual sales revenue required by Regulation 12 and/or 13 of the Sale and Supply of Alcohol Regulation 2013. | |
| 13. Supporting information if a variation is being sought. | |
| 14. Copy of Current Licence | |

1. Details of Applicant(s)

| | | | |
|--|------------|--|--------|
| Full Legal Name or Names to be on Licence: | | | |
| Whether licence already held for premises or conveyance concerned? | | | |
| | Yes | | No |
| Address of Applicant: | | | |
| Postal Address: | | | |
| Name of Contact Person: | | | |
| Contact Details: | Telephone: | | Mobile |
| | Email: | | |
| Preferred Method of Contact: | | | |

2. Status of Applicant

| | | | |
|--|--|---------------------|--|
| Natural Person(s) (an ordinary person in their private capacity) | | Private Company | |
| Licensing Trust or Community Trust | | Trustee | |
| Public Company | | Partnership | |
| Club | | Local Authority | |
| Body Corporate | | Department of State | |

3. Natural Person Details

| | | | |
|------------------------------|------------|-----------------|---------|
| Full Legal Name: | | | |
| Any Aliases: | | | |
| Residential Address: | | | |
| Sex: | | | |
| Occupation: | | | |
| Date of Birth: | | Place of Birth: | |
| Internet Site: | | | |
| Postal Address: | | | |
| Contact Details: | Telephone: | | Mobile: |
| | Fax: | | Email: |
| Preferred Method of Contact: | | | |

4. Partnership Details

| | | | |
|------------------------------|------------|--|---------|
| Full Legal Name: | | | |
| Address: | | | |
| Contact Details: | Telephone: | | Mobile: |
| | Email: | | |
| Preferred Method of Contact: | | | |
| Full Legal Name: | | | |
| Address: | | | |
| Contact Details: | Telephone: | | Mobile: |
| | Email: | | |
| Preferred Method of Contact: | | | |

5. For a company (*incorporated under the Companies Act 1993 or equivalent foreign legislation*) or Private company Full legal names of Director/s & Shareholders

| 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: | | | | |
| | Authorise 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 Birth: | | | | |
| Designation: | | | | |
| Value of Shares: | | | | |
| Contact Details for organisation other than natural person | | | | |
| Postal Address: (for service of documents) | | | | |
| Daytime Contact: | | | | |
| Telephone: | | Mobile: | | |
| Fax: | | Email: | | |
| Preferred Method of Contact: | | | | |
| 6. Criminal Convictions | | | | |
| Does the applicant have any criminal convictions? (<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 offence and conviction and penalty suffered: | | | | |
| | | | | |
| | | | | |
| 7. Details of Premises | | | | |
| Address of premises: | | | | |
| Trading or other name: | | | | |
| Does the applicant own the 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)*

Type of Premises: *(Tick)*

| | | | | | |
|-------------------|--------------------------|----------------------|--------------------------|---------|--------------------------|
| Hotel | <input type="checkbox"/> | Bottle Store | <input type="checkbox"/> | Grocery | <input type="checkbox"/> |
| Tavern | <input type="checkbox"/> | Complementary Sec.35 | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Uneconomic Sec.34 | <input type="checkbox"/> | Remote Seller | <input type="checkbox"/> | | |

Premises on which principal business is the manufacture of alcohol *(e.g., winery, brewery)*

8. Endorsement(s)

State (by type) every endorsement sought or sought to be renewed (e.g., Section 40 Remote Seller)

9. Details of Managers

| Name | Date of Birth | Certificate Number | Certificate Expiry |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

10. Business Details

Is the sale of alcohol the principal purpose of the business? Yes No

If no, what is the principal purpose of the business?

Whether applicant is 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

Yes No

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

Current days and hours for sale of alcohol?

11. Designation

What part (if any) of the premises is currently designated?

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 present and supplied alcohol by the parent or guardian)*

12. Variation

List any variation sought (e.g., change of hours or change to any current conditions)

13. Additional Information

Does the applicant own or operate any other licensed premises? If yes, please list

What experience and training does applicant have?

What steps does the applicant take to prevent the sale and supply of alcohol to prohibited people *(i.e., minors, intoxicated persons)* [Describe]

What other steps does the applicant take to promote the responsible consumption of alcohol *(e.g., prominently display and promote low and non-alcoholic options)* [Describe]

What kind or kinds of alcohol does the applicant sell or deliver under the licence?

State all sensitive sites *(e.g., childcare centres, schools, churches etc)* within one kilometre of the licensed premises?

Has the applicant or applicant's business appeared before the Alcohol Regulatory and Licensing Authority (ARLA) for any reason during the renewal period? If yes, please provide details

Has your business been subject to a Police controlled purchase operation during the renewal period and if so, when, and what were the results?

| |
|--|
| |
| |
| |

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

| |
|--|
| |
| |
| |

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

For Office Use Only

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

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).

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.
- **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.
- **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: | | | | | | | |

**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

LICENSED PREMISES

Name: _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Do you have an evacuation scheme approved by Fire and Emergency New Zealand as required by section 76 of the Fire and Emergency New Zealand Act 2017 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 tenants in the building? Yes/No

Are your exit routs 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"/> | | |
| Portable fire extinguishers | <input type="checkbox"/> | No of units _____ | |
| Other | <input type="checkbox"/> | | |

Please tick where applicable:

- I hereby declare that the above premises has an Evacuation Scheme/Procedure for the public safety which meets the requirements of Section 76 of the Fire and Emergency New Zealand Act 2017; or
- 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 Renewal and/or Variation of Off-Licence
Section 101, Sale and Supply of Alcohol Act 2012
Form 7



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:
As prescribed

Applicant - This Notice will be advertised publicly on the South Waikato District Council website

| | |
|---|--|
| 1 | <p style="text-align: center;">Public Notice Renewal and/or Variation Off-Licence</p> <p style="text-align: center;">Section 101, Sale and Supply of Alcohol Act 2012</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 renewal and/or variation of an Off-licence in respect of the premises</p> |
| 4 | <p>situated at _____</p> <p><i>(Full address of the Premises)</i></p> |
| 5 | <p>and known as _____</p> <p><i>(Name of the Premises)</i></p> |
| 6 | <p>The general nature of the business conducted (or to be conducted) under the licence is _____</p> <p><i>(For example: hotel, tavern, grocery store, supermarket, remote seller, other)</i></p> |
| 7 | <p>The days on which and the hours during which alcohol 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> |
| 8 | <p>Variation sought as follows:</p> <p>_____</p> <p><i>(Please specify)</i></p> |
| 9 | <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 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.</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> |

ONSITE NOTICE

Of application for Renewal and/or Variation of Off-Licence
Section 101, Sale and Supply of Alcohol Act 2012



| | |
|---|--|
| 1 | <p style="text-align: center;">ONSITE NOTICE Renewal and/or Variation Off-Licence</p> <p style="text-align: center;">Section 101(a) Sale and Supply of Alcohol Act 2012</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 renewal and/or variation of an Off-Licence in respect of the premises</p> |
| 4 | <p>situated at _____</p> <p><i>(Full address of the Premises)</i></p> |
| 5 | <p>and known as _____</p> <p><i>(Name of the Premises)</i></p> |
| 6 | <p>The general nature of the business conducted (or to be conducted) under the licence is _____</p> <p><i>(For example: hotel, tavern, grocery store, supermarkets, remote seller, other)</i></p> |
| 7 | <p>The days on which and the hours during which alcohol 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> |
| 8 | <p>Variation sought as follows:</p> <p>_____</p> <p><i>(Please specify)</i></p> |
| 9 | <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 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.</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> |

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:

Alcohol@southwaikato.govt.nz

Applicant Name _____
 Trading Name _____
 Premises Address _____

Existing Business Declaration

Statement of Gross Annual Sales Revenue – Grocery Store

Section 33(2)(a)(ii) Sale and Supply of Alcohol Act 2012 and Regulation 12 Sale and Supply of Alcohol Regulations 2013.

For the period: / / to / / , _____ weeks/months

Note: the 12 month statement period must be for the 12 months before the time at which the application for the renewal of an off-licence for the premises is made. The 12 month period must not end any later than 90 days before the date of the application.

| CATEGORY | SUB-CATEGORY | AMOUNT (\$) |
|--|------------------------|-------------|
| Gross sales revenue | | |
| GST | | |
| GST exclusive revenue Less Excise duty on Tobacco | | |
| Lotteries Commission revenue | Lotto | |
| | Keno | |
| | Instant Kiwi | |
| | Other (please specify) | |
| Net sales revenue after deductions | TOTAL | |

Break down of net sales revenue:

| CATEGORY | SUB-CATEGORY | AMOUNT (\$) EXCLUDING GST | % TOTAL NET SALES REVENUE |
|----------------------|---|---------------------------|---------------------------|
| Food products | Food intended to be used as a component of a home-cooked meal, such as: <ul style="list-style-type: none"> • Cooked chicken • Tinned foods, pasta sauces, soups • Fresh or dried pasta and/or noodles, • Baking needs e.g. sugar, eggs, flour • Breakfast cereals, • Frozen food products, • Dried/preserved goods including fruit, • Packets of coffee, tea, milo etc., • Condiments, pickles, relishes and the like • Plain milk of any volume, cream, butter and the like Or any similar food | | |
| | Unprocessed raw fruits and vegetables, including peeled and sliced products, salads/salad mix | | |
| | Fresh/frozen meats (beef, poultry, fish etc.) | | |

| | | | |
|--------------------------|--|--|--|
| | <p>Delicatessen items such as:</p> <ul style="list-style-type: none"> • Antipasti • Cold sliced meat, • Smoked chicken/fish <p>Or any similar food</p> | | |
| | Unfilled breads, buns or rolls | | |
| | <p>Beverages (other than alcohol or plain milk) sold individually or in multi-packs with a combined volume of 1 litre or more</p> | | |
| | Multi-packs of chips, crisps, sticks and similar food made of potato, corn etc. | | |
| | <p>Biscuits, bars, cones, cookies, crackers, wafers or similar items that:</p> <ol style="list-style-type: none"> 1. Weigh over 60g; AND 2. Contain more than one individual item | | |
| | Ice cream over 1 litre including blocks, cakes or similar | | |
| | Other (please specify) | | |
| | Total: | | |
| Convenience foods | | | |
| | Confectionary | | |
| | <p>Ready-to-eat prepared foods that can be eaten immediately as a meal, part of a meal or as a meal substitute without further preparation (heating, thawing etc.) such as:</p> <ul style="list-style-type: none"> • Sandwiches, rolls, wraps, tacos, etc. • Pizza, or similar, in any form • Hot dogs, hot chips, fish and chips, hamburgers or similar • Meat, vegetable or fruit pies and rolls e.g., sausage rolls • Pasties, samosas or similar <p>Or any similar food</p> | | |
| | <p>Snack food that is usually consumed between meals, can be eaten immediately and is <i>usually</i> sold individually or in small quantities, such as:</p> <ul style="list-style-type: none"> • Potato chips, crisps, sticks or straws, corn chips sold in individual packets of any size; • Pretzels or similar; • Bacon/pork crackling or similar; • Prawn chips or similar; • Individual ice creams or ice cream substitute products, ice cream/ice blocks, cakes or similar totalling less than 1 litre • Food that is, or is mostly bars, biscuits, cones, cookies, crackers, wafers or similar items, <i>if</i> weighing less than 60g and sold as individual items; • Processed or treated nuts or seeds (or mixtures of seeds and nuts) presented in quantities of less than 60g; • Popcorn <p>Or any similar food</p> | | |

| | | | |
|----------------------------------|--|--|-------------|
| | | | |
| | Beverages (other than alcohol or milk) sold in a container with a capacity of 1 litre or less, e.g., cans, small bottles, milkshakes, coffee or similar | | |
| | Other (please specify) | | |
| | Total: | | |
| | | | |
| Alcohol | | | |
| | | | |
| Tobacco minus excise duty | | | |
| | | | |
| Other revenue | All other non-food items sold on the premises | | |
| | Sundry items (e.g., cleaning products, foil, glad wrap etc.) | | |
| | Toiletries, personal hygiene items | | |
| | Hardware items | | |
| | Newspapers and magazines | | |
| | Stationary | | |
| | Postage items/stamps | | |
| | Phone cards | | |
| | Other (please specify) | | |
| | Total | | |
| | | | |
| GRAND TOTAL | | | 100% |

I, _____, Chartered Accountant [*insert NZICA membership no.*], verify that this sales revenue statement, including all associated information contained within, is true and accurate.

Signature: _____

Date: _____