

Application for New Off Licence (for Premises)

Section 100, Sale and Supply of Alcohol Act 2012

(Form 4) 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 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:

(tick)

- | | |
|--|--|
| 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 (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. | |
| 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 display and sale of alcohol areas that are to be designated as a Restricted Area or a Supervised Area (if applicable) all principal entrances CCTV placement and security lighting (if applicable) Any proposed or permitted areas for display and promotion of alcohol, and any proposed sub-areas (Grocery Stores and Supermarkets) | |
| 8. A certificate by the local authority that the proposed use of the premises meets requirements of the Resource Management Act 1991. | |
| 9. A certificate by the local authority that the proposed use of the premises meets requirements of the Building Code. | |
| 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 Social Responsibility Policy and details of the implementation plan as to how the Social Responsibility Policy will be put into practice. | |
| 12. Public Notice - notice is to be completed for advertising on the South Waikato District Council website. | |
| 13. Copies of Manager's Certificate for those appointed to the business. | |
| 14. Grocery stores only: statement of annual sales revenue required by Regulation 12 and/or 13 of the Sale and Supply of alcohol Regulation 2013 (use attached form). Must be verified as correct according to prepared accounts by a chartered accountant. | |
| 15. Fee calculator - link to fee calculator https://www.southwaikato.govt.nz/our-council/fees-and-charges/liquor-licensing | |
| 16. Copy of Current Licence (if applicable) | |

1.

Details of Applicant(s)

Full Legal Name or Names to be on the Licence:			
Whether licence already held for premises or conveyance:		Yes	No
Address of Applicant:			
Postal Address:			
Name of Contact Person:			
Contact Details:	Telephone:		Fax:
	Email:		Mobile:
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:	
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Place of Incorporation:	
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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
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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:				

Contact Details for organisations other than natural person

Postal Address: (For service of documents)	
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Daytime contact:	
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Telephone:		Mobile:	
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Fax:		Email:	
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Preferred Method of Contact:	
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6. Criminal Convictions

Does the applicant have any 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 applies)

	Yes		No
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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:	
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Current and/or proposed trading name:	
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Does the applicant own the licensed premises?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If not owned by the applicant, state the full name and address of owner:

Name:	<input type="text"/>
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Address:	<input type="text"/>
	<input type="text"/>

Tenure: *(State whether held as leasehold, or under tenancy agreement or licence)*

<input type="text"/>

Type of Premises: *(Tick)*

Hotel	<input type="checkbox"/>	Bottle Store	<input type="checkbox"/>	Grocery	<input type="checkbox"/>
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Tavern	<input type="checkbox"/>	Complementary Sec.35	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Uneconomic Sec.34	<input type="checkbox"/>	Remote Seller Sec.40	<input type="checkbox"/>
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Premises on which principal business is the manufacture of alcohol *(e.g., winery, brewery)*

Is a Licence sought conditional upon construction or completion of the premises?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide details?

<input type="text"/>

8. Endorsements

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

<input type="text"/>

<input type="text"/>

9. Details of Managers

Name:	Date of Birth:	Certificate Number:	Certificate Expiry:
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. Business Details

Is the sale of alcohol the principal purpose of the business?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, what is the intended principal purpose of the business?

<input type="text"/>

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

Days and hours proposed for the sale of alcohol?

11. Designation

What part (if any) of the premises do you propose to be 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 their parent or legal guardian)

12. Additional Information

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

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

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

What other steps does the applicant propose to promote the responsible consumption of alcohol (e.g., promote the purchase of low and non-alcohol beverages) [Describe]

What other systems (including training) and staff will be in place to help achieve compliance with the Act [Describe]

**TRAINING DETAILS: (specify frequency, who will do the training and a broad outline of what will be covered):
TRAINING RECORDS TO BE KEPT.**

Where the principal business is other than the manufacture or sale of alcohol, what kind or kinds of alcohol does the applicant intend to sell or deliver under the licence?

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

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 any Police controlled purchase operations and if so, when and what were the results?

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For Office Use Only

Dated at this day of 20

Applicant's Signature:

Print Name:

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

For Office Use Only

Date Received: Invoice #:

Amount: Debtor: Receipt #:

Notes

- This form must be accompanied by the prescribed fee.
- Within 20 working days after filing this application with the District Licensing Committee, the applicant must give public notice of it on council's website or South Waikato Newspaper. 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 on 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

Signature (s):

Position Held:

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: Alcohol@southwaikato.govt.nz

Fee: \$170.00

Applicant Details

Full Name:				
Address:				
Postal address for Service <i>(if different to above):</i>				
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 <i>(tick):</i>	<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

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- 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
TOKOROA 3444

Telephone (07) 885 0340
Fax (07) 885 0718
Email: Alcohol@southwaikato.govt.nz

Fee: \$200.00

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 Sale and Supply of Alcohol Act the application is made (<i>On-Licence, Off-Licence, Club Licence</i>)	

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*)?

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 and Supply of Alcohol 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:

The number of people the premises will cater for:

The number of available carparks:

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 this day of 20

Applicant's Signature:

For Office Use Only

Date Received:

Invoice:

Amount:

Date Paid:

Receipt No:

Privacy Act 1993

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- 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.

**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 New 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 New 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 grant 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, bottle store, grocery store, 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>
	<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>
8	<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



1	<p style="text-align: center;">ON-SITE NOTICE New 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 grant 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, bottle store, grocery store, 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>
	<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 _____

New Business Declaration

Statement of Projected Annual Sales Revenue – Grocery Store

Section 33(2)(a)(ii) Sale and Supply of Alcohol Act 2012 and Regulation 13 Sale and Supply of Alcohol Regulations 2013.

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

Note: the statement period must be for the 12 months after the time at which the application for the issue of an off-licence for the premises is made.

CATEGORY	SUB-CATEGORY	AMOUNT (\$)
Gross projected revenue		
GST		
GST exclusive revenue		
Lotteries Commission revenue	Lotto	
	Keno	
	Instant Kiwi	
	Other (please specify)	
Net projected revenue after deductions	TOTAL	

Break down of net projected revenue:

CATEGORY	SUB-CATEGORY	AMOUNT (\$) EXCLUDING GST	% TOTAL NET PROJECTED REVENUE
Food products	<p>Food intended to be used as a component of a home-cooked meal, such as:</p> <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 <p>Or any similar food</p>		

	Unprocessed raw fruits and vegetables , including peeled and sliced products, salads/salad mix		
	Fresh/frozen meats (beef, poultry, fish etc.)		
	Delicatessen items such as: <ul style="list-style-type: none"> • Antipasti • Cold sliced meat, • Smoked chicken/fish Or any similar food		
	Unfilled breads, buns or rolls		
	Beverages (other than alcohol or plain milk) sold individually or in multi-packs with a combined volume of 1 litre or more		
	Multi-packs of chips, crisps, sticks and similar food made of potato, corn etc.		
	Biscuits, bars, cones, cookies, crackers, wafers or similar items that: <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		
	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: <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 Or any similar food		
	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: <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 		

	<p>blocks, cakes or similar totalling less than 1 litre</p> <ul style="list-style-type: none"> • 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			
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, _____, verify that this is a genuine statement of projected revenue for the premises for a period of 12 months.

Signature: _____

Date: _____
