Application for a Special Licence

Section 138, Sale and Supply of Alcohol Act 2012

Form 6

South Waikato District Council

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

Telephone (07) 885 0340
Email: Environmental.Health@southwaikato.govt.nz

Fee: As prescribed (see details below)

Important information: An application for a special licence **MUST be lodged at least 20 working days prior to the event (s) being held.** Some exceptions will be made for events which could not have been reasonably foreseen (e.g., funerals) which will be considered on a case-by-case basis. **Special licences cannot be issued for BYO events where alcohol will not be sold.**

Checklist for Special Licence Applications

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 every application:	*(Tick)*
1. Application Fee *(see below for details)*	
2. Have you signed the "Privacy Act – release of information" section?	
3. 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)*	
4. Where the applicant is not the owner of the premises, a written statement from the owner to the effect that the owner has no objection to the grant of the licence.	
5. A complete list of food, non-alcoholic and low-alcohol beverages to be provided *(menu and drinks lists).*	
6. If a **Public** Event - A copy of the ticket and/or a copy of any promotional material	
7. If a **Private** Event - A copy of the invitation	
8. If more than 400 attendees are expected at your event, please ensure you have completed the Alcohol Management Plan Template *(AMP).*	
9. Does the building have an Approved Fire Evacuation Scheme? If the number of attendees is expected to exceed 100, please fill in the Evacuation Scheme Procedure Data Form.	

Application Fee (GST inclusive)

Licence Type	Application Fee	Description	*(Tick)*
Class 3	$63.25	1 or 2 events covered by the licence that are of a 'small size'	
Class 2	$207.00	3 to 12 events covered by the licence that are of a 'small size', OR 1 to 3 events that are of a 'medium size'	
Class 1	$575.00	All other special licences, including licences for events that are of a 'large size', 13 or more events that are of a 'small size', OR 4 or more events that are of a 'medium size'	
Special Licence Urgent Application processing fee	**$210.00**	**Applications lodged less than 15 days prior to event (Section 137 Sale and Supply of Alcohol Act 2012).** NB: If submitted within 20 working days a waiver form will be required (no additional fee)	

- A 'small size' event is an event that will be attended by less than 100 people.
- A 'medium size' event is an event that will be attended by between 100 - 400 people.
- A 'large size' event is an event that will be attended by more than 400 people.

Type of Special Licence

	On-site		Off-site		On & Off

Note: An on-site special licence allows the sale or supply of alcohol that will be consumed at the event(s). An off-site special licence allows the sale or supply of alcohol that will be taken away and consumed at another place. This allows samples to be supplied. An off-site special licensee can only sell their own alcohol (e.g., a winery can only sell the wine they produce).

Is a licence already held for the premises concerned?		Yes		No
Is there 20 working days or more before the first event?		Yes		No *(seek waiver)*

Reasons for waiver *(e.g., original venue was double-booked)*

1.

Full legal name or names to be on licence:				
Postal Address:				
Contact Details:	Telephone:		Mobile:	
	Email:			

Does the applicant have any criminal convictions?
State all 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 apply.

	Yes		No

If yes, please state the nature of the offence, date of the offence and conviction and penalty suffered:

2. Details of Managers

Please include the names of the individuals that will be directly responsible for the sale of alcohol, including those that do not hold a manager's certificate.

Name	Date of Birth	Certificate Number	Certificate Expiry

Does the applicant seek an exemption under Section 213(2) of the Sale and Supply of Alcohol Act 2012? This exemption permits an uncertificated person to be responsible for compliance with the Act pursuant to the licence.

	Yes		No

Do any of the named managers above have any convictions? If yes, please outline.

3. Details of premises or conveyance

Address of premises:	
Trading name:	

Is licence conditional on completion of building work?

	Yes		No

If yes, state details:

Does the applicant own the proposed licensed premises or conveyance?

	Yes		No

Important. Does the Building have an Approved Fire Evacuation Scheme?

If the number of attendees is expected to exceed 100 the building **MUST** have an Approved Fire Evacuation Scheme and it must be maintained.

	Yes		No

Type of conveyance *(e.g., ship, railway carriage, bus, etc)*	
Registration number:	
Home base address:	
Name used or proposed for conveyance:	
Full legal name:	
Address of owner:	

4. Event details - Please note if the event is for a birthday, please include their date of birth.

Days, dates, and hours proposed for sale of alcohol.

Note: the premises must be vacated no later than 30 minutes after the indicated finish time

Example	*Bill Smith's 80th birthday*	Number attending:	*Approx 80*
Start Time:	*6pm*	Finish Time:	*Midnight*

Date:	*Saturday 9 February 2020*
Age distribution of people attending:	*40+*
Designation:	*Undesignated/Supervised Area/Restricted Area*

Specifics of Event:

Celebrating Bill's 80th birthday with family and friends coming from all over NZ

Event 1.		Number Attending:	
Start Time:	am/pm	Finish Time:	am/pm
Date:			
Age distribution of people attending:			
Designation:			
Specifics of Event			

Event 2.		Number Attending:	
Start Time:	am/pm	Finish Time:	am/pm
Date			
Age distribution of people attending:			
Designation:			
Specifics of Event			

Event 3.		Number Attending:	
Start Time:	am/pm	Finish Time:	am/pm
Date			
Age distribution of people attending:			
Designation:			
Specifics of Event			

For additional events please duplicate this page and/or request an additional sheet

5. Additional Information

Types of containers in which alcohol will be sold and supplied?

Is the applicant intending to engage 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, describe the nature of other goods and services:

6. On- Site Conditions *(Off-site special licence applicants answer questions 1, 3, 4, 6, 7 & 10 ONLY)*

1. **Experience and training of applicant:**

2. **Provision of –**

(a) Food *(describe type and range)*

Must be at least 3 types of substantial food options (potato chips and nuts are not classed as substantial food items)

(b) Non-alcoholic beverages *(describe type and range)*

(c) Low-alcohol beverages (*describe type and range*). **Alcohol content must be between 1.15% - 2.5% abv**

3. **How will you provide free drinking water?** *(describe)*

4. **If no access to mains water supply, how will you ensure that free potable water is available?** *(describe)*

5. Steps intended to be taken to provide help with and information about alternative forms of transport from the premises *(describe)*

6. Steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people *(i.e., minors and intoxicated persons) (describe)*

7. Any other steps the applicant proposes to promote the responsible consumption of alcohol *(describe)*

8. Security

Will there be security?		Yes		No
If yes, are they paid or unpaid?		Paid		Unpaid

Please specify the name of the security company. *(If applicable)*

How many security personnel will there be?

9. Staffing numbers

How many staff will be assisting behind the bar?

How many staff will be assisting with monitoring and assessing intoxication?

10. Other systems *(including training systems)* to ensure compliance

11. Events with over 400 attendees require and Alcohol Management Plan (AMP) - *(Template can be downloaded here* https://resources.alcohol.org.nz/resources-research/alcohol-resources/research-and-publications/alcohol-management-plan-template/)

Attachments (see checklist on front page)

Notes

1. This form must be accompanied by the prescribed fee.
2. If required to do so by the secretary of the District Licensing Committee, the applicant must within 10 working days after filing this application with the committee ensure that notice of this application in form 8 is attached in a conspicuous place on or adjacent to the site to which this application relates.
3. Waivers and exemptions are at the discretion of the District Licensing Committee, and can only be granted in circumstances which are allowed by the Act. They are not automatic. An applicant should plan on the basis that the request has not been approved until advised otherwise.
4. Under the Sale and Supply of Alcohol Act 2012, weekends, statutory holidays and any days from 20 December through to and including 15 January, are not considered working days.

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

Privacy Act 1993

5. 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.
6. 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.
7. The information will be held by South Waikato District Council, Torphin Crescent, Tokoroa.
8. 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.
9. You have the right to access the information and to request its correction.
10. Disclosure of Police Information: Applicants for this Special 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:	

For Office Use Only

Date received:		Receipt No.		Amount:	

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	☐	Automatic fire detection	☐
Manual fire alarm	☐	Emergency lighting	☐
Hose reels	☐		
Portable fire extinguishers	☐	No of units _____	
Other	☐		

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 HEALTH Waikato District Health Boa

To the Licence Applicant: **Please fill in and return this form with your licence application, it will speed up the process time.**

The following questions apply to your plans your upcoming event and are in relation to compliance with the Sale and Supply of Alcohol Act 2012

1	What type of event you are requiring a special licence for: *e.g. 50th birthday, fundraiser*	
2	Do you have a website or social media page associated with this event? *If yes, please write address:*	***yes/no***
3	How many hours is the licence for: ☐ 0-2 hours (Short - low risk) ☐ 3-4 hours ☐ 5-7 hours ☐ 8 hours and over (Long- high risk) What time of day will your event finish: ☐ Before 3pm ☐ Before 10pm ☐ Later than 10pm - state time of finish _____ *e.g. 3am*	
4	How many people are you anticipating will attend your event? (Max numbers) Will children or young adults be present at the event?	 ***yes/no***
5	How many bar staff/volunteers will be present to observe/serve those attending the event?	
6	Are staff/volunteers trained to recognise signs of intoxication and stop serving to a person before this? *Refer to Intoxication Guidelines at* www.alcohol.org.nz	***yes/no***
7	Are staff/volunteers trained to ask anyone who looks below 25 years of age for valid ID before being served alcohol *(valid ID is: Passport, NZ Driver's Licence or 18+ photo ID card)*	***yes/no***
8	What **substantial range of food** do you intend to have available at the event? **If a catered event, please supply menu:** *menu supplied yes/no* Or at least 3 different types of food: Pies ☐, Pizza ☐, Savouries ☐,Sandwiches ☐, BBQ ☐ (please tick) Other ☐ *If other please state varieties*_____	
9	What types of **non-alcoholic drinks** will be available? Soft drinks ☐, coffee/tea ☐, energy drinks☐, juice ☐ water ☐ Other ☐ *If other please state varieties*_____	
10	What types of **low alcohol** (2.5% or less) will be available? Mid Ales ☐, Cider ☐ light beers ☐ Other ☐ *If other please state varieties*_____	
11	What **alcoholic drinks** do you intend to serve at your events? Beer ☐, Cider ☐, Wine ☐, Cider ☐,Spirits ☐, RTD's ☐ (please tick) If yes for RTDs state alc %	
12	Will all internal areas be smoke free?	***yes/no***
13	Is Security required? Registered Security Co.....or volunteers(give details)	***yes/no***
14	Is there an Alcohol Management Plan for this event? If yes please include	***yes/no***

I have read and understood the above questions and will implement the measures I have indicated

(Name/Trading name of event location) _____

Print your name: _____ Role _____

Print your staff/mgr designation: _____ Signed: _____ Date: _____

Daytime Ph: _____ Mob: _____ email: _____

Please return this questionnaire with a menu or list of foods and Alcohol Management Plan if indicated above

If you have any questions or would like further Host Responsibility information, please contact a Compliance Officer: **Waikato District Health Board Alcohol Team 07 838 2569 or** l.licensing@waikatodhb.health.nz

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