## **Application for a Special Licence**

Section 138, Sale and Supply of Alcohol Act 2012

#### Form 6

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

Telephone (07) 885 0340 Fax (07) 885 0718

Email: Alcohol@southwaikato.govt.nz



Fee: As prescribed (see details below)

#### Important information:

**TOKOROA 3444** 

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. If your application is accepted and it has been filed with less than 20 working days until the event you **may** be charged an urgent processing fee of \$160.00.

#### **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	g 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 used for the sale, supply, and consumption of alcohol	
	<ul> <li>Areas of the premises intended to be Restricted Area or Supervised Area (<i>if applicable</i>)</li> <li>The entrance to the premises that the applicant intends should be designated as the principal entrance.</li> </ul>	
	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 <b>Public</b> Event - A copy of the ticket and/or a copy of any promotional material	
7.	If a <b>Private</b> 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
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'

- 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.

If you need any assistance calculating your application fee, please contact us on the details above.

1. Details of Applicant  Full legal name or names to be on licence: Postal Address:  Contact Details:  Does the applicant have any criminal State all criminal convictions (other than a offences to which the Criminal Records (Contact Details)  If yes, please state the nature of the contact Details of Managers  Please include the names of the indicate manager's certificate.	viduals that will be d e of Birth on under Section 213	irectly responsibl  Certificate Nu  8(2) of the Sale a	e for the sa	Certification of Alcohol A	ol, includ	<b>y</b>	
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· · · · · · · · · · · · · · · · · · ·	nue was double-book	red)					
то и постои			Yes			No <i>(seek</i>	( waiver)
Is a licence already held for the prem	ore the first event?		Y	es			No
Note: An on-site special licence allows the supply of alcohol that will be taken away a their own alcohol (e.g., a winery can only							
On-site	and consumed at anoth sell the wine they produ ises concerned?	er place. This allows	umad at the				
Type of Special Licence	and consumed at anoth sell the wine they produ ises concerned?	er place. This allows	um ad at the		On	& Off	

3. Details of premise	s or co	nveyance			
Address of					
premises:					
Trading name:					
Is licence conditional on complet	ion of bui	lding work?			
	Yes				No
If yes, state details:					
Does the applicant own the prop	osed licer	nsed premises or co	nveyance?		
	Yes				No
Important. Does the Building has If the number of attendees is expandintained.				ed Fire Evac	cuation Scheme and it must be
Y	es			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 - Plea	se note	if the event is for a	ı birthday, please include	their date	of birth.
Days, dates, and hours propo			after the indicated finish time		
Note: the premises must be vaca Example		nith's 80th birthday	Number attending:	Approx 8	<u> </u>
Ohant Time a	C				
Start Time:	6pm		Finish Time:	Midnight	
Date:		Saturday 9 February	2020		
Age distribution of people attending:		40+			
Designation: Undesignated/Supervised Area/Restricted Area					

# - 4 - Application for Special Licence

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

For additional events please refer to the attached sheet.						
5. Additional Info	rmation					
	Types of containers in which alcohol will be sold and supplied?					
	engage in the sale or supply of any ated to the sale or supply of alcohol		od, or in the provision of any services			
	Yes	N	No			
If yes, describe the nature of	of other goods and services:					
6. On- Site Condi	itions (Off-site special licence appl	licants answer questions 1, 3, 4, (	6, 7 & 10 ONLY)			
Experience and training	g of applicant:					
2. Provision of –						
(a) Food (describe type and		s and nuts are not classed as sub	bstantial food items. Must be at least			
3 types of substantial food of	opuoria.					
(1)	// "					
(b) Non-alcoholic beverage	s (describe type and range)					
(c) Low-alcohol beverages	(describe type and range). Alcohol c	ontent must be between 1.15% -	2.5% abv			
3. How will you provide from	ee drinking water? (describe)					
4. If no access to mains w	vater supply, how will you ensure tha	t free potable water is available?	(describe)			

# - 6 - Application for Special Licence

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 (describe)	and supply of alcohol to prohibited peop	le (i.e., minors and intoxicated persons)			
7. Any other steps the applicant proposes to pron	note the responsible consumption of alco	hol (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	d assessing intoxication?				
The state of the s					
10. Other systems (including training systems) to e	ensure compilance				
11 Events with ever 400 ettendess require and Al	cohol Managament Plan (AMP) (Tample	ata aan ha dawalaadad hara			
<ol> <li>Events with over 400 attendees require and Ale https://resources.alcohol.org.nz/resources-reso template/)</li> </ol>					

#### 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.

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

### 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, 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.
- 5. You have the right to access the information and to request its correction.
- 6. 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 r	release of this information?			Yes	No
Dated at	this		day of	2	0
Applicant's Signature:					
For Office Use Only					
Date received:	F	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		
	as required by section 76 of the Fire and Eme	ergency New Zealand Act 2017	Yes/No
	Date approved:		
	Do you have an evacuation procedure as requ	uired by Fire Safety and Evacuation of I	Buildings
	Regulations 1992?		Yes/No
	Date implemented:		Tes/No
	What is the maximum number of people that	t the building can occupy?	
	Employees:	Public:	
	Are there any tenants in the building?		Yes/No
	Are your exit routs and doors indicated by sig	gns?	Yes/No
	DETAILS OF THE BUILDING'S FIRE PROTECTIO	N – Please tick if you have the followin	g:
	Automatic fire sprinkler	Automatic fire detection	
	Manual fire alarm Hose reels	Emergency lighting	
		No of units	
	Other		
	Please tick where applicable:		
	I hereby declare that the above premises has	an Evacuation Scheme/Procedure for	the nublic safety which meets the
ш	requirements of Section 76 of the Fire and E	mergency New Zealand Act 2017; or	
	The building, by reason of its current use, doe the requirements for such a scheme.	es not require such a scheme, or that the	he 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

uie c	ale 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 ass address:	sociated with	n this event? If yes, please write	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)	☐ Bef	of day will your event finish: fore 3pm fore 10pm er 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 eve	ent?		yes/no
5	How many bar staff/volunteers will be present to	observe/ser	ve those attending the event?	
6	Are staff/volunteers trained to recognise signs of before this?  Refer to Intoxication Guidelines at www.alcohol.org.nz		n and stop serving to a person	yes/no
7	Are staff/volunteers trained to ask anyone who before being served alcohol (valid ID is: Passport, NZ Driver's Licence or 18+ photo ID		w 25 years of age for valid ID	yes/no
8	What substantial range of food do you intend to If a catered event, please supply menu:  Or at least 3 different types of food:  Pies, Pizza, Savouries, Sandwiches,  Other If other please state varieties		menu supplied yes/no	
9	What types of non-alcoholic drinks will be availa Soft drinks ☐, coffee/tea ☐, energy drinks☐, jui Other ☐ If other please state varieties		r 🗆	
10	What types of low alcohol (2.5% or less) will be a Mid Ales, Cider light beers Other If other please state varieties	available?		
11	What alcoholic drinks do you intend to serve at Beer ☐, Cider ☐, Wine ☐, Cider ☐,Spirits ☐,			
12	Will all internal areas be smoke free?			yes/no
13	Is Security required?			yes/no
	Registered Security Coor volun	teers(give det	ails)	
14	Is there an Alcohol Management Plan for this eve	nt? If yes plea	se include	yes/no
I hav	e read and understood the above questions an	d will imple	ement the measures I have indica	ated
(Nam	e/Trading name of event location)			_
Print	your name:	Role		_
Print	your staff/mgr designation:	Signed:	Date:	_
Dayti	me Ph: Mob: e	email:		
Plea	se return this questionnaire with a menu or list	of foods a	nd Alcohol Management Plan if i	indicated
	ab.	0110		

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 Licensing@waikatodhb.health.nz