

Application for Temporary Authority

Section 136, Sale and Supply of Alcohol Act 2012 (Form 16)



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:
\$296.70
(GST inclusive)

Check List for Temporary Authority

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 Fee.	<input type="checkbox"/>
2. Application form, with all sections completed, signed, and dated.	<input type="checkbox"/>
3. A copy of the current licence	<input type="checkbox"/>
4. Certificate of Incorporation (<i>if applicable</i>)	<input type="checkbox"/>
5. A list of applicant's work experience	<input type="checkbox"/>
6. List of staff to be employed on premises, please provide copies of manager's certificates if certificated and Photo identification of all named Certified 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.	<input type="checkbox"/>
7. Sale & Purchase Agreement and/or Lease Agreement.	<input type="checkbox"/>
8. A menu or other indication of the standard and style of food to be provided.	<input type="checkbox"/>
9. 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.	<input type="checkbox"/>

1. Details of Applicant(s)

Full Legal Name:	<input type="text"/>		
Address:	<input type="text"/>		
Occupation:	<input type="text"/>		
Postal Address for Document Service:	<input type="text"/>		
Contact Name:	<input type="text"/>		
Contact Details:	Telephone	<input type="text"/>	Fax:
	Email:	<input type="text"/>	Mobile:

2. Status of Applicant(s)

Natural Person(s) (an ordinary person in private capacity)	<input type="checkbox"/>		
Licensing trust or Community Trust	<input type="checkbox"/>	Public Company	<input type="checkbox"/>
Club	<input type="checkbox"/>	Trustee	<input type="checkbox"/>

Body Corporate		Partnership	
Private Company		Local Authority	
Department of State			

3. Details of Current Licence

Type of Licence the premises currently has:

On-Licence		Off-Licence	
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Current Licence Number:

Date of Expiry:

Name on Licence:

4. Details of Premises

Address of Premises:

Trading or other name (if any):

5. Details of Conveyance

Type of Conveyance:

Address of Home Base (if any):

Trading or other name (if any):

Registration Plate Number:

Further Details

What right, title, estate or interest does the applicant have in the premises (or conveyance) to which the application relates? (e.g., lease agreement)

What right, title, estate or interest does the applicant have in any business conducted in the premises (or conveyance) to which the application relates? (e.g., sale & purchase agreement)

Takeover Date?

Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If no, what is the full legal name, address, and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?

Full Name:

Address:

Occupation:

List of Staff Employed on Premises

Name:	Certificate Number <i>if applicable please provide copies</i>	LCQ Y/N <i>(if yes please provide dates)</i>	Number of years' experience on a licensed premises

Purpose of Application

What are the reasons for the application? *(e.g., change of ownership)*

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

Notes

- This application must be accompanied by the prescribed fee.
- The District Licensing Committee may require public notice of this application to be given to any person or persons it may state.

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 Temporary Authority 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 **may** be 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? If yes, please sign below

Dated at this day of 20

Applicant(s) Signature:

For Office Use Only

Date Received: Date Paid:

Invoice: Amount: Receipt Number: