APPLICATION FOR ON LICENCE OR RENEWAL OF ON LICENCE

Form 3, Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

To: The Secretary
District Licensing Committee
At Marton

Application for an on licence or renewal of on licence is made in accordance with the details set out below:

☐ On Licence    ☐ On Licence Renewal

ENDORSEMENTS

State by type every endorsement sought or sought to be renewed

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

DETAILS OF APPLICANT(S)

Full legal name or names to be on the licence

___________________________________________________________________________
___________________________________________________________________________

Is the licence already held for premises or conveyance concerned?

☐ Yes    ☐ No

If yes, state the kind of licence

___________________________________________________________________________

Status of applicant (tick appropriate box):

<table>
<thead>
<tr>
<th>Natural Person</th>
<th>Licensing or Community Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustee</td>
<td>Territorial Local Authority</td>
</tr>
<tr>
<td>Limited Partnership</td>
<td>Partnership</td>
</tr>
<tr>
<td>Government Department or instrument of crown</td>
<td>Manager under the Protection of Personal and Property Rights Act 1988</td>
</tr>
<tr>
<td>Body Corporate to which section 28(1)(b) of the act applies</td>
<td>A board, organisation or other body to which section 28(1)(c) of the act applies</td>
</tr>
</tbody>
</table>

DATE RECEIVED
___/___/ 20___
POSTAL ADDRESS

FULL postal address for service of documents
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

For applicant(s) that is a natural person or persons, please provide the following details for each person:

CONTACT DETAILS (NATURAL PERSON)

Full legal name ____________________________________________________________

Any aliases _______________________________________________________________

Residential address _________________________________________________________
__________________________________________________________________________________________________________________________________________________________

Gender  □ Male  □ Female

Occupation ________________________________________________________________

Date of birth ____________________________ Place of birth _______________________

Internet site(s)____________________________________________________________

Email address _____________________________________________________________

Daytime contact phone number(s)____________________________________________

Preferred mode of contact _________________________________________________

If there is more than 1 natural person please include their details or a separate sheet.

For an applicant that is a body corporate:

INCORPORATED AUTHORITY

Authority under which incorporated ____________________________________________

Date of incorporation _______________________________________________________

Place of incorporation ______________________________________________________
For applicant that is not a natural person, or persons, details of the contact person:

**CONTACT DETAILS (NOT A NATURAL PERSON)**

Name ____________________________________________________________
Contact phone number(s)__________________________________________
Fax number ______________________________________________________
Internet site(s) __________________________________________________
Email address ____________________________________________________
Preferred mode of contact _________________________________________

**COMPANY DETAILS**

For a company:

Full legal names of each director
Name ____________________________________________________________
Name ____________________________________________________________
Name ____________________________________________________________

Details or each person who holds 20% or more shares, or any particular class or shares issued by the company:

Name ____________________________________________________________
Address __________________________________________________________
______________________________________________________________
Date of birth ____________________________ Place of birth________________
Designation ______________________________________________________

Name ____________________________________________________________
Address __________________________________________________________
______________________________________________________________
Date of birth ____________________________ Place of birth________________
Designation ______________________________________________________

Name ____________________________________________________________
Address __________________________________________________________
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<th>Address</th>
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</thead>
<tbody>
<tr>
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<td>Place of birth</td>
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<tr>
<td>Designation</td>
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</tbody>
</table>

For a private company

- [ ] Authorised Capital
- [ ] Paid Up Capital

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<tr>
<th>Name</th>
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<td>Date of birth</td>
<td>Place of birth</td>
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<td>Designation</td>
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<td>Face value of shares held</td>
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<td>Face value of shares held</td>
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</tbody>
</table>
For a partnership:

**PARTNER 1**

Full legal name

Any aliases

Residential address

Email address

Contact phone number(s)

Fax number

Signature

**PARTNER 2**

Full legal name

Any aliases

Residential address

Email address

Contact phone number(s)

Fax number

Signature

**PARTNER 3**

Full legal name

Any aliases

Residential address

Email address

Contact phone number(s)

Fax number

Signature

*If there are more than 3 partners please include their details or a separate sheet.*
BUSINESS DETAILS

Describe principal business, any other businesses
__________________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________________

CRIMINAL CONVICTIONS

Has the applicant been convicted of any offence? □ Yes □ No

If yes, what are the details of each offence?

Please provide details of all convictions (other than convictions for offences to which the Criminal Records (Clean Slate) Act 2004 and offences against provisions of the Land Transport Act 1998 not contained in Part 6 applies).

For minor convictions, the Rangitikei District Council Liquor Licensing Policy states that the general guidelines will be that the applicant has observed a stand down period of 2 years or more.

<table>
<thead>
<tr>
<th>Nature of Offence</th>
<th>Date of Conviction</th>
<th>Penalty Suffered</th>
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DETAILS OF PREMISES (IF NOT A CONVEYANCE)

Address __________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________________________________________

Any name, trading name, building name (if applicable) ____________________________________________________________________________________________________________

If premises are not owned by the applicant:

Tenure __________________________________________________________________________________________________________________________________________________________
❑ Leasehold ❑ Tenancy agreement ❑ Licence

Full legal name of owner __________________________________________________________________________________________
Address of owner __________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________________________________________________________________

Is a licence sought conditional upon construction or completion of the premises?
If yes, please state details _____________________________________________________________

DETAILS OF CONVEYANCE

Kind of conveyance *(eg: ship, railway carriage, bus etc)* ________________________________

**If not owned by the applicant:**

Tenure _____________________________________________________________

- □ Charter
- □ Lease
- □ Licence

Full legal name of owner ________________________________________________________

Address of owner _____________________________________________________________

Registration number *(if applicable)* ______________________________________________

Address of home base *(if any)* __________________________________________________

Proposed trading name for conveyance *(if any)* _________________________________

Is the licence sought conditional upon construction or completion of the conveyance?

- □ Yes
- □ No

If yes, please state details _________________________________________________________

DETAILS OF MANAGERS

For each manager or proposed manager:

**MANAGER 1**

Full legal name ________________________________________________________________

Managers Certificate Number _____________________________________________________

Certificate expiry date __________________________________________________________

**MANAGER 2**

Full legal name ________________________________________________________________
Managers Certificate Number

Certificate expiry date

MANAGER 3

Full legal name

Managers Certificate Number

Certificate expiry date

If there are more than 3 managers please include their details or a separate sheet.

BUSINESS DETAILS

General nature of the business to be conducted by the applicant in the premises if the licence is granted (eg: hotel, tavern, restaurant, entertainment/nightclub)

Is the sale of liquor intended to be the principal purpose of the business?

☐ Yes ☐ No

If no, what is intended to be the principal purpose of the business?

Are you going to be 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, please detail the nature of the other goods or services

__________________________________________________________________________
On which days and during which hours does the applicant intend to sell liquor under the licence?

Monday  □  ____________________________________________
Tuesday □  ____________________________________________
Wednesday □  ____________________________________________
Thursday □  ____________________________________________
Friday □  ____________________________________________
Saturday □  ____________________________________________
Sunday □  ____________________________________________

In the case only of a BYO restaurant, do you wish to have the licence endorsed under section 37 of the Act?

☐ Yes  ☐ No

**CONDITIONS**

Please detail applicant experience and training __________________________________________
__________________________________________
__________________________________________
__________________________________________

Please detail the food (type and range) intended to be available for purchase __________
__________________________________________
__________________________________________
__________________________________________

Please detail the non-alcoholic beverages (type and range) intended to be available for purchase __________
__________________________________________
__________________________________________
__________________________________________

Please detail the low-alcohol beverages (type and range) intended to be available for purchase __________
__________________________________________
__________________________________________
__________________________________________

To what extent, and where is drinking water intended to be freely available to patrons
__________________________________________
__________________________________________
__________________________________________
If there is no access to mains water supply please describe the portability of water intended to be available

Please detail (type and range) the steps that will be taken to help with and information about transport options from the premises

Please details the steps that will be proposed to prevent the sale and supply of alcohol to prohibited people

Any other steps that you propose to promote the responsible consumption of alcohol

Other systems (including training systems), and staff in place (or to be in place) for compliance with the Act

Any changes sought to the present conditions of the licence?

☐ Yes ☐ No

If yes, what changes are being sought?
ATTACHMENTS (IF NOT A CONVEYANCE)

Copy of planning consent

☑ Yes ☐ No

Copies of all relevant building certificates/consents

☑ Yes ☐ No

Floor plan showing:

Each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and

☑ Yes ☐ No

The principal entrance

☑ Yes ☐ No

For body corporate applicant, copy of incorporation (or equivalent document)

☑ Yes ☐ No

ATTACHMENTS (IF CONVEYANCE)

Floor plan showing:

Each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and

☑ Yes ☐ No

For body corporate applicant, copy of incorporation (or equivalent document)

☑ Yes ☐ No

ADDITIONAL QUESTIONS

All applicants need to fill in the questions below under Section 4(3) of the Act as part of your application for a new/renewal or variation of existing licence.

(Attach separate sheet(s) with the answers if applicable)

The granting, or renewal, of this application will not decrease the amenity or good order of the area by more than a minor extent because we ____________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

The design and layout of our premises complies with the Act because

_________________________________________________________________________________
The granting, or renewal, of this application will contribute to the Object of the Act by 
________________________________
________________________________
________________________________
Dated at___________ this_____________ day of_____________ 20_______________
Signature of Applicant ____________________________________________________________

Receipt ________________ Date ________________

Notes:
For New Licence Applications
1. You must apply for the Planning and Building Compliance Certificate and supply the granted Certificate before submitting your new licence application.
2. You must supply background of your history in the hospitality industry.
For New and Renewal Licence Applications
3. It is your responsibility to provide the required information at the time of submitting your application; an incomplete application will not be accepted.
4. You must supply a copy of your Menu.
   - Please supply a list of non-alcoholic and low alcoholic beverages on a separate sheet of paper
5. Please supply a copy of your Management Plan or Staff Training Record (if you do not have one you need to start putting one in place as the Inspector will need to see evidence of this at your next renewal).
6. Please supply a copy of your Host Responsibility Policy, up to date floor plans showing intended designations, photo ID and certificate of incorporation.
7. 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)
8. Except in 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 the application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).
9. This application form must be accompanied by the prescribed fee.
For the purposes of the Sale and Supply of Alcohol Act 2012

Fee: TBA

To: The Secretary
The District Licensing Committee,
At Marton

DATE RECEIVED
___/_____/ 20___

DETAILS OF APPLICANT

Name ____________________________________________
Address ____________________________________________
____________________________________________________________________________________
Postal address (if different from above) ____________________________
____________________________________________________________________________________
Phone (Home) ____________________________ Phone (Business) ____________________________
Fax ____________________________ Cellphone ____________________________

DETAILS OF PREMISES

Trading name ____________________________________________
Address of proposed licensed premises ____________________________________________
____________________________________________________________________________________
Legal description of site ____________________________________________
Current use of the building ____________________________________________
When did the current use commence ____________________________________________
Owner’s Name ____________________________________________

Type of liquor licence sought

☐ On licence ☐ Off licence ☐ Club licence

DETAILS OF APPLICATION

What is the general nature of the business to be conducted under the licence? (For example, hotel, tavern, restaurant, entertainment/night club, bottle store, club)
____________________________________________________________________________________
____________________________________________________________________________________
Will there be amplified music?

☐ Yes  ☐ No

Will there be outdoor seating?

☐ Yes  ☐ No

Days and hours of operation ____________________________________________________________

________________________________________________________

Has the premises previously held a liquor licence?

☐ Yes  ☐ No

If yes, how long has the licensed premises been operating? ________________________________

BUILDING QUESTIONS

Has a planning consent (including resource consent, specified departure or other) been
issued related to the proposed activity? If so, please specify the details

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

If the building has a compliance schedule, is the Building Warrant of Fitness current?

☐ Yes  ☐ No

Is the Building Warrant of Fitness displayed in the building where it can be easily seen by
users of the building?

☐ Yes  ☐ No

Does the building require a New Zealand Fire Service approved evacuation scheme?

☐ Yes  ☐ No
If so, is the evacuation scheme in place and current?

☐ Yes  ☐ No

If not, does the building have an evacuation scheme procedure that is publicly displayed to show what to do in case of an emergency?

☐ Yes  ☐ No

If there are any current consents in place for this building, is there a Certificate of Public Use in place?

☐ Yes  ☐ No

If there are any current consents in place for this building, have all works been seen as compliant with that consent(s)?

☐ Yes  ☐ No

If the proposal involves any alteration(s) to the premises, please describe any changes below. Include a relevant site plan, floor plan and elevated drawings (to scale).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Have there been any changes to any escape routes, fire cells, warning systems and/or any building work done since the last application? Please describe any changes below. Include a relevant site plan, floor plan and elevated drawings (to scale).

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If the proposal involves any change of use to the premises, and the use is more onerous (i.e. tavern to hotel), a building consent maybe required. Please clearly describe the old use and the new use below

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________________________________

Signature of the applicant or person authorised to sign on behalf of the applicant

Signature of applicant ________________________________ Date ____________

FEES

Fee TBA Receipt_______________ Date_____________
DETAILS OF APPLICANT

Full legal name _____________________________________________________________
Address ____________________________________________________________________
Occupation __________________________________________________________________

has made an application to the District Licensing Committee at Rangitikei for the issue /
renewal / variations of conditions (circle one) of a
____________________________________________________________________________ (specify the type of licence)

In respects of the premises situated at:
____________________________________________________________________________ (address)

Or the: ______________________________________ known as ______________________
(specify type of conveyance)

The general nature of the business conducted under the licence is:
____________________________________________________________________________ (for example: hotel, tavern restaurant, entertainment/nightclub)

The days on which and the hours during which alcohol is (or is intended to be sold) under
the licence are:

Monday  □_____________ Tuesday  □_____________ Wednesday  □_____________
Thursday  □_____________ Friday  □_____________ Saturday  □_____________
Sunday  □_____________

The application may be inspected during ordinary office hours at the office of the Rangitikei
District Licensing Committee at 46 High Street, Marton.

Any person who is entitled to object and who wishes to object to the issue of the licence
may, not later than 15 working days after the date of publication of this notice, file a notice
in writing of the objection with the Secretary of the District Licensing Committee at Private
Bag 1102, Marton 4741

No object 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.
No objection to the renewal of a licence may be made in relation to a matter other than a matter specified in section 131 of the Sale and Supply of Alcohol Act 2012.

(In case of publication in newspaper(s) This is the [state whether first, second or only] publication of this notice.

(In case of second publication in newspaper(s) This notice was first published on [state date].
APPLICATION FOR LIQUOR LICENCE – EVACUATION SCHEME

Premises: __________________________________________________________

Address: __________________________________________________________

On Licence Number: ________________________________________________

Off Licence Number: ________________________________________________

Club Licence Number: ________________________________________________

I HEREBY STATE THAT

Either

☒ The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of Section 21A of the Fire Service Act 1975.

Or

☒ The building, by reason of its current use, does not require such a scheme, or the building is exempt from having to meet the requirements for such a scheme.

Signed by the applicant: ____________________________________________

Date: ________________________________
WHO NEEDS AN EVACUATION SCHEME?

An Evacuation Scheme is required for buildings detailed in section 21A (1) and (2) of the Fire Service Act 1975.

The following is a list of buildings and occupancies that require a Fire Service approved Evacuation Scheme.

Buildings where:

- 100 or more people can gather in a common venue or place of assembly, whether for a commercial, social, cultural, religious or any other purpose, or
- Facilities for employment are provided for more than 10 people, or
- Accommodation is provided for more than 5 people, (unless in 3 or less household units), or
- Whole or part of the building is used for storage or processing of hazardous substances, or
- Early childcare facilities are provided, (other than in a household unit), or
- Specialised nursing, medical or geriatric care is provided, (other than in a household unit), or
- Specialist care is provided for people with disabilities (other than in a household unit), or
- People in lawful detention are accommodated.

Evacuation Schemes must be approved by the Fire Service.

(A waiver may be granted from the requirements to have an approved Evacuation Scheme for your building. Contact your local Fire Safety Officer for advice.)
APPLICATION FOR RENEWAL FOR LIQUOR LICENCE – EVACUATION SCHEME

Premises ________________________________________________________________

Address ________________________________________________________________
| ________________________________________________________________ |
| ________________________________________________________________ |

On Licence Number ______________________________________________________

Off Licence Number ____________________________________________________

Club Licence Number __________________________________________________

I HEREBY STATE THAT

Either

☐ The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of Section 21A of the Fire Service Act 1975.

Or

☐ The building, by reason of its current use, does not require such a scheme, or the building is exempt from having to meet the requirements for such a scheme.

Signed by the applicant ________________________________________________

Date _________________________________________________________________
WHO NEEDS AN EVACUATION SCHEME?

An Evacuation Scheme is required for buildings detailed in section 21A (1) and (2) of the Fire Service Act 1975.

The following is a list of buildings and occupancies that require a Fire Service approved Evacuation Scheme.

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- 100 or more people can gather in a common venue or place of assembly, whether for a commercial, social, cultural, religious or any other purpose, or
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- Accommodation is provided for more than 5 people, (unless in 3 or less household units), or
- Whole or part of the building is used for storage or processing of hazardous substances, or
- Early childcare facilities are provided, (other than in a household unit), or
- Specialised nursing, medical or geriatric care is provided, (other than in a household unit), or
- Specialist care is provided for people with disabilities (other than in a household unit), or
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