APPLICATION FOR OFF LICENCE OR RENEWAL OF OFF LICENCE

Form 4, Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

To: The Secretary
   District Licensing Committee
   At Marton

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

☐ Off Licence  ☐ Off 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)**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Contact phone number(s)</td>
<td></td>
<td></td>
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<tr>
<td>Fax number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet site(s)</td>
<td></td>
<td></td>
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<tr>
<td>Email address</td>
<td></td>
<td></td>
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<tr>
<td>Preferred mode of contact</td>
<td></td>
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</tbody>
</table>

**COMPANY DETAILS**

For a company:

Full legal names of each director

<table>
<thead>
<tr>
<th>Name</th>
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</table>

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

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

<table>
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<tr>
<th>Name</th>
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<td>Address</td>
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<td>Designation</td>
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<tr>
<td>Date of birth</td>
<td>Place of birth</td>
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<tr>
<td>Designation</td>
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</tbody>
</table>
Address __________________________________________________________
________________________________________________________________________
Date of birth ________________________         Place of birth ________________________
Designation ____________________________________________________________________

For a private company

☐ Authorised Capital  ☐ Paid Up Capital

Name ____________________________________________________________
Address __________________________________________________________
________________________________________________________________________
Date of birth ________________________         Place of birth ________________________
Designation ____________________________________________________________________
Face value of shares held ______________________________________________________

Name ____________________________________________________________
Address __________________________________________________________
________________________________________________________________________
Date of birth ________________________         Place of birth ________________________
Designation ____________________________________________________________________
Face value of shares held ______________________________________________________

Name ____________________________________________________________
Address __________________________________________________________
________________________________________________________________________
Date of birth ________________________         Place of birth ________________________
Designation ____________________________________________________________________
Face value of shares held ______________________________________________________
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>
</tr>
</thead>
<tbody>
<tr>
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</table>

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 ____________________________________________________________

____________________________________________________________

Type (e.g.: grocery, hotel, retail shop (other than grocery))____________________________
Is a licence sought conditional upon construction or completion of the premises?  
☐ Yes  ☐ No

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**

Nature of business to be conducted________________________________________
_____________________________________________________________________

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 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 (PREMISES THAT ARE NOT A CONVEYANCE)

Copy of planning consent  ☐ Yes  ☐ No

Copies of all relevant building certificates/consents  ☐ Yes  ☐ No

If the premises are determined as a grocery store please provide the statement of annual sales revenue required by regulation 12 or 13 (as the case requires) of the Sale and Supply of Alcohol Regulations 2013  ☐ Yes  ☐ No

Floor plan showing:

Any proposed permitted area for the display and promotion of alcohol, and any proposed sub-areas  ☐ 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.
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. 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).

5. Please supply a copy of your Host Responsibility Policy, up to date floor plans showing intended designations, photo ID and certificate of incorporation.

6. 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).

7. 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).

8. 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

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  

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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).

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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_______________
**Statement of annual sales revenue – Grocery store off licence applications**

Section 33(2)(a)(ii), Sale and Supply of Alcohol Act 2012 and sections 12 and 13, Sale and Supply of Alcohol Regulations 2013.

Period covered: / / to / / , _________ weeks/months.

**Note:** The 12 month statement period must not end more than 90 days before the date on which the application for the issue or renewal of the licence was made.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
<th>Amount - $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross sales revenue:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GST:</td>
<td></td>
<td></td>
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<tr>
<td>GST exclusive revenue:</td>
<td></td>
<td></td>
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<tr>
<td>Lotteries Commission revenue:</td>
<td>Lotto</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Keno</td>
<td></td>
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<tr>
<td></td>
<td>Instant Kiwi</td>
<td></td>
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<tr>
<td></td>
<td>Other(specific)</td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net sales revenue after deductions:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breakdown of net sales revenue:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
<th>Amount - $</th>
<th>% Total net sales revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food products:</td>
<td>Grocery items such as: Tinned foods, pasta/rice, noodles, sauces, oils, soups, sugar, spreads, baking needs, breakfast cereals, eggs, frozen foods, dried/preserved goods including fruit, packets of coffee, tea, milo, etc., condiments, pickles, relishes and the like</td>
<td></td>
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<tr>
<td></td>
<td>Unprocessed (including peeled and sliced) raw fruits and vegetables and salads/salad mix</td>
<td></td>
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<tr>
<td></td>
<td>Fresh/frozen meats (beef, poultry, fish etc.)</td>
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<tr>
<td></td>
<td>Dairy products (including milk)</td>
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<tr>
<td></td>
<td>Delicatessen items such as: Antipasti, cold sliced meat, smoked chicken/fish and the like</td>
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<tr>
<td></td>
<td>Breads and bakery items such as: Unfilled rolls, buns and full-sized cakes</td>
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</tr>
<tr>
<td></td>
<td>Beverages sold in a container with a capacity greater than 1 litre, but excluding milk (e.g. large bottles and multi-packs on aggregate volume)</td>
<td></td>
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<tr>
<td></td>
<td>Multi-pack items of food or drink of a kind often included in school lunches</td>
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<tr>
<td></td>
<td>Biscuits and chips in large packets</td>
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<td></td>
<td>Ice cream blocks greater than 1 litre by volume</td>
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<td></td>
<td>Other (please specify)</td>
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<td></td>
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<tr>
<td>Total:</td>
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<td></td>
<td></td>
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<tr>
<td>Convenience foods:</td>
<td>Confectionery</td>
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<tr>
<td>Ready-to-eat prepared food such as:</td>
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<tr>
<td>Sandwiches, wraps, pockets, rolls, tortillas, pancakes and the like;</td>
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<tr>
<td>Pizza slices, subs and the like;</td>
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<tr>
<td>Fish &amp; chips, hot dogs, pies and the like;</td>
<td></td>
<td></td>
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<tr>
<td>Pasties, samosas and the like;</td>
<td></td>
<td></td>
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<tr>
<td>Sausage rolls, pastries and the like;</td>
<td></td>
<td></td>
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<tr>
<td>Bakery items such as single serve cakes/biscuits, creamed buns and the like.</td>
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<tr>
<td>Snack food (small quantity or small individual items of food) such as:</td>
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<tr>
<td>Potato chips, crisps, sticks or straws, corn chips and the like;</td>
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<tr>
<td>Pretzels and the like;</td>
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<tr>
<td>Bacon/pork crackling and the like;</td>
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<td></td>
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<tr>
<td>Prawn chips and the like;</td>
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<td></td>
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<tr>
<td>Individual ice cream or ice cream substitute products, ice cream/ice blocks such as scoops, sticks, cones and the like;</td>
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<td></td>
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<tr>
<td>Food that is, or is mostly bars, biscuits, cones, cookies, crackers, wafers and the like, if less than 60g and sold individually;</td>
<td></td>
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<tr>
<td>Processed or treated seeds or nuts, including mixtures, in quantities of 60g or less;</td>
<td></td>
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<tr>
<td>Popcorn.</td>
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<tr>
<td>Beverages sold in a container with a capacity of 1 litre or less, but excluding milk (e.g. cans, small bottles, milkshakes, coffees etc.)</td>
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<tr>
<td>Other (please specify)</td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

**Alcohol:**

**Tobacco:**

**Other revenue:**

- 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, ____________________________, Chartered Accountant, from ____________________________ verify that this sales revenue statement, including all associated information contained within, is true and accurate.

Signature: ____________________________  Date: ____________________________
Rangitikei District Council
Postal Address: Private Bag 1102, Marton, 4741
Street Address: 46 High Street, Marton, 4710
Phone: 06 327 0099    Freephone: 0800 422 522    Fax: 06 327 6970
Email: info@rangitikei.govt.nz    Website: www.rangitikei.govt.nz

PUBLIC NOTICE OF APPLICATION FOR ON LICENCE, OFF LICENCE OR CLUB LICENCE (OR APPLICATION FOR VARIATION OF CONDITIONS OF ON LICENCE, OFF LICENCE OR CLUB LICENCE)

Form 7, Sections 101, Sale and Supply of Alcohol Act 2012

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.

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.)