

**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](mailto:info@rangitikei.govt.nz) **Website:** [www.rangitikei.govt.nz](http://www.rangitikei.govt.nz)**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**

**DATE RECEIVED**

\_\_\_\_/\_\_\_\_/20\_\_\_\_

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

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**DETAILS OF APPLICANT(S)**

Full legal name or names to be on the licence \_\_\_\_\_

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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):

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

## POSTAL ADDRESS

**FULL** postal address for service of documents

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**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 \_\_\_\_\_

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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 on 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 of 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 \_\_\_\_\_

\_\_\_\_\_

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 on 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.

Nature of Offence	Date of Conviction	Penalty Suffered
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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 on 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	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	_____

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 \_\_\_\_\_

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

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

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

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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.

*(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 on 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.

## PLANNING CERTIFICATE AND BUILDING COMPLIANCE CERTIFICATE APPLICATION FOR NEW LICENCES

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 a 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).

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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.

Category	Sub-Category	Amount - \$
<b>Gross sales revenue:</b>		
GST:		
GST exclusive revenue:		
Lotteries Commission revenue:	Lotto	
	Keno	
	Instant Kiwi	
	Other(specify)	
	<b>Total:</b>	
<b>Net sales revenue after deductions:</b>		

Breakdown of net sales revenue:

Category	Sub-Category	Amount - \$	% Total net sales revenue
<b>Food products:</b>			
	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		
	Unprocessed (including peeled and sliced) raw fruits and vegetables and salads/salad mix		
	Fresh/frozen meats (beef, poultry, fish etc.)		
	Dairy products (including milk)		
	Delicatessen items such as: Antipasti, cold sliced meat, smoked chicken/fish and the like		
	Breads and bakery items such as: Unfilled rolls, buns and full-sized cakes		
	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)		
	Multi-pack items of food or drink of a kind often included in school lunches		
	Biscuits and chips in large packets		
	Ice cream blocks greater than 1 litre by volume		
	Other (please specify)		
	<b>Total:</b>		

<b>Convenience foods:</b>	Confectionery		
	Ready-to-eat prepared food such as: Sandwiches, wraps, pockets, rolls, tortillas, pancakes and the like; Pizza slices, subs and the like; Fish & chips, hot dogs, pies and the like; Pasties, samosas and the like; Sausage rolls, pastries and the like; Bakery items such as single serve cakes/biscuits, creamed buns and the like.		
	Snack food (small quantity or small individual items of food) such as: Potato chips, crisps, sticks or straws, corn chips and the like; Pretzels and the like; Bacon/pork crackling and the like; Prawn chips and the like; Individual ice cream or ice cream substitute products, ice cream/ice blocks such as scoops, sticks, cones and the like; Food that is, or is mostly bars, biscuits, cones, cookies, crackers, wafers and the like, if less than 60g and sold individually; Processed or treated seeds or nuts, including mixtures, in quantities of 60g or less; Popcorn.		
	Beverages sold in a container with a capacity of 1 litre or less, but excluding milk (e.g. cans, small bottles, milkshakes, coffees etc.)		
	Other (please specify)		
	<b>Total</b>		
<b>Alcohol:</b>			
<b>Tobacco:</b>			
<b>Other revenue:</b>	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)		
	<b>Total</b>		
<b>Grand Total:</b>			<b>100%</b>

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](mailto:info@rangitikei.govt.nz) **Website:** [www.rangitikei.govt.nz](http://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].*

**Rangitikei District Council**

**Postal Address:** Private Bag 1102, Marton **Street Address:** 46 High Street, Marton

**Phone:** 06 327 0099 **Freephone:** 0800 422 522 **Fax:** 06 327 6970

**Email:** [info@rangitikei.govt.nz](mailto:info@rangitikei.govt.nz) **Website:** [www.rangitikei.govt.nz](http://www.rangitikei.govt.nz)



## 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:

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- 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.)*