APPLICATION FOR CLUB LICENCE OR RENEWAL OF CLUB LICENCE

Form 5, Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

To:  The Secretary
      District Licensing Committee
      At Marton

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

- [ ] Club Licence
- [ ] Club Licence Renewal

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>
<th>[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustee</td>
<td>Territorial Local Authority</td>
<td>[ ]</td>
</tr>
<tr>
<td>Limited Partnership</td>
<td>Partnership</td>
<td>[ ]</td>
</tr>
<tr>
<td>Government Department or instrument of crown</td>
<td>Manager under the Protection of Personal and Property Rights Act 1988</td>
<td>[ ]</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>
<td>[ ]</td>
</tr>
</tbody>
</table>

POSTAL ADDRESS

FULL postal address for service of documents

___________________________________________________________________________
___________________________________________________________________________

DATE RECEIVED

__/__/ 20__
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
- 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 applicant that is not a natural person, or persons, details of the contact person:

**CONTACT PERSON (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

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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 __________________________________________________________________________________

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)____________________________________________
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

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

Is a licence sought conditional upon construction or completion of the premises?

- 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.

CLUB DETAILS

INCORPORATED AUTHORITY

Authority under which incorporated ____________________________________________
Date of incorporation _______________________________________________________
Place of incorporation ______________________________________________________

MEMBERSHIP

The total number of members ________________________________________________
The number of members under 18 years of age _________________________________

SECRETARY CONTACT DETAILS

Name ____________________________________________________________
Address _____________________________________________________________
Contact Phone Number(s) _______________________________________________
Email Address __________________________________________________________

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

☐ Yes  ☐ No

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

________________________________________________________________________

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 □ ________________________________________________________________

**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

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

Copy of incorporation (or equivalent document)  ☐ Yes  ☐ No

Names of other clubs with which club has reciprocal visiting rights for members
________________________________________________________
________________________________________________________
________________________________________________________

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 _______________
________________________________________________________________________

________________________________________________________________________

This application fits with the requirements of the Rangitikei Local Alcohol Policy by (not applicable until in force) _______________
________________________________________________________________________

________________________________________________________________________

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 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.
**PLANNING CERTIFICATE AND BUILDING COMPLIANCE CERTIFICATE APPLICATION FOR NEW LICENCES**

For the purposes of the Sale of and Supply of Alcohol Act 2012  
Fee: $TBA

To:  
The Secretary  
The District Licensing Committee  
At Marton

<table>
<thead>
<tr>
<th>Date Received</th>
<th><strong>/____/20</strong></th>
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</thead>
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**DETAILS OF APPLICANT**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>Postal address (if different from above)</td>
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<tr>
<td>Phone (Home)</td>
<td></td>
<td>Phone (Business)</td>
<td></td>
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<tr>
<td>Fax</td>
<td></td>
<td>Cellphone</td>
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</tbody>
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**DETAILS OF PREMISES**

<table>
<thead>
<tr>
<th>Trading name</th>
<th></th>
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<tbody>
<tr>
<td>Address of proposed licensed premises</td>
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<tr>
<td>Legal description of site</td>
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<tr>
<td>Current use of the building</td>
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<td></td>
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<tr>
<td>When did the current use commence</td>
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<tr>
<td>Owner’s Name</td>
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<td></td>
<td></td>
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<tr>
<td>Type of liquor licence sought</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>On licence</td>
<td>Off licence</td>
<td>Club licence</td>
</tr>
</tbody>
</table>

**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)*

<p>| |</p>
<table>
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<tbody>
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<td></td>
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</tbody>
</table>
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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__________________________________________________________________________________________________________________________

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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).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Signature of applicant ___________________________ Date ____________

**FEES**

Fee $TBA  Receipt ______________  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.)
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].