

**Rangitikei District Council**

Postal Address: Private Bag 1102, Marton, 4741

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

Form 6, Section 138, Sale and Supply of Alcohol Act 2012

To: **The Secretary**  
**District Licensing Committee**  
**At Marton**

**DATE RECEIVED**

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

Application for special licence is made in accordance with the details set out below:

**TYPE OF SPECIAL LICENCE**

Is the licence for:

 On-site Off-site

The event for which the special licence is applied for, could it have reasonably been foreseen?

 Yes No

If no, please describe the circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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):

Individual	<input type="checkbox"/>	Licensing Trust	<input type="checkbox"/>
Club	<input type="checkbox"/>	Territorial Local Authority	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Private Company	<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	<input type="checkbox"/>	A board, organisation or other body	<input type="checkbox"/>
Public Company	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>

## POSTAL ADDRESS

FULL postal address for service of documents

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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 PERSON

Name \_\_\_\_\_

Contact phone number(s) \_\_\_\_\_

Fax number \_\_\_\_\_

Internet site(s) \_\_\_\_\_

Email address \_\_\_\_\_

Preferred mode of contact \_\_\_\_\_

## BUSINESS DETAILS

Describe principal business, any other businesses \_\_\_\_\_

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## 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 OR CONVEYANCE (ON SITE SPECIAL LICENCE)**

Address of premises \_\_\_\_\_

Any name, trading name, building name (if applicable) \_\_\_\_\_

Tenure \_\_\_\_\_

Leasehold       Unit Title       Freehold       Licence

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

Yes       No

If yes, please state details \_\_\_\_\_

**OR**

Kind of conveyance (eg: ship, railway carriage, bus etc) \_\_\_\_\_

Registration number (if applicable) \_\_\_\_\_

Address of home base (if any) \_\_\_\_\_

Proposed trading name for conveyance (if any) \_\_\_\_\_

## 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 \_\_\_\_\_

## EVENT DETAILS (ON SITE SPECIAL LICENCE)

Describe the nature and principal purpose of the event \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of the event \_\_\_\_\_

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

Monday  \_\_\_\_\_

Tuesday  \_\_\_\_\_

Wednesday  \_\_\_\_\_

Thursday  \_\_\_\_\_

Friday  \_\_\_\_\_

Saturday  \_\_\_\_\_

Sunday  \_\_\_\_\_

Estimate of the number of people attending \_\_\_\_\_

Probable age distribution of people attending \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

Types of containers in which alcohol is to be sold \_\_\_\_\_

\_\_\_\_\_

### **CONDITIONS (ON SITE SPECIAL LICENCE)**

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 potability of water intended to be available \_\_\_\_\_

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

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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? \_\_\_\_\_

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## ATTACHMENTS (ON SITE SPECIAL LICENCE)

Floor plan showing:

Any designated areas, either as supervised/ restricted or undesignated

Yes

No

The principal entrance

Yes

No

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

Yes

No

**DETAILS OF PREMISES OR CONVEYANCE (OFF SITE SPECIAL LICENCE)**

Address of premises \_\_\_\_\_

Any name, trading name, building name (if applicable) \_\_\_\_\_

Tenure \_\_\_\_\_

Leasehold

Unit Title

Freehold

Licence

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

Yes

No

If yes, please state details \_\_\_\_\_

**If premises are not owned by the applicant:**

Tenure \_\_\_\_\_

Leasehold

Tenancy agreement

Licence

Full legal name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_

Floor plan showing (*please attach*):

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

Yes

No

**OR**

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

Registration number (*if applicable*) \_\_\_\_\_

Address of home base (*if any*) \_\_\_\_\_

Proposed trading name for conveyance (*if any*) \_\_\_\_\_

## EVENT DETAILS (OFF SITE SPECIAL LICENCE)

Describe the nature and principal purpose of the event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the event \_\_\_\_\_

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"/>	_____

Estimate of the number of people attending \_\_\_\_\_

Probable age distribution of people attending \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

Types of containers in which alcohol is to be sold \_\_\_\_\_  
\_\_\_\_\_



## CONDITIONS (OFF SITE SPECIAL LICENCE)

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_

**If no signature we will not accept the application, it will be sent back to you.**

### FEE STRUCTURE

Class 1 – Large	1 large event: More than 3 medium events; more than 12 small events.	More than 400 people	\$575	<input type="checkbox"/>
Class 2 – Medium	3 to 12 small event; 1 to 3 medium events.	Between 100 and 400 people	\$207	<input type="checkbox"/>
Class 3 – Small	1 or 2 small events.	Less than 100 people	\$63.30	<input type="checkbox"/>

Receipt \_\_\_\_\_ Date \_\_\_\_\_

### Checklist

1. This form must be accompanied by the prescribed fee.
2. Floor Plan showing any intended designations
3. Photo ID of person submitting application and proposed Manager
4. If required to do so by the secretary of the District Licensing Committee, the applicant must within 10 working days after filing this application with the District Licensing Committee ensure that notice of this application in form 8 is attached in a conspicuous place on or adjacent to the site to which the application relates.
5. Completed Ministry of Health Form.

To the License Applicant: **Please fill in and return this form with your licence application, it will speed up the process time.**

The following questions apply to your plans for the event you are planning and are in relation to compliance with the Sale and Supply of Alcohol Act 2012

<b>1</b>	What type of event you are requiring a special licence for?	
<b>2</b>	How many hours is the licence requested for? <ul style="list-style-type: none"> <li>• 0-2 hours</li> <li>• 3-4 hours</li> <li>• 5-7 hours</li> <li>• 8 hours and over</li> </ul>	
<b>3</b>	What time of day will your event will finish <ul style="list-style-type: none"> <li>• Before 3pm</li> <li>• Before 10pm</li> <li>• Later than 10pm - state time of finish _____ e.g. 3am</li> </ul>	
<b>4</b>	How many people are you anticipating will attend your event?	
<b>5</b>	How many bar staff/volunteers will be present to observe/serve those attending the event?	
<b>6</b>	Are staff/volunteers trained to cease serving liquor to a person before that person is allowed to become intoxicated? <i>yes/no</i> Refer to Intoxication Guidelines at <a href="http://www.alcohol.org.nz">www.alcohol.org.nz</a>	
<b>7</b>	Will everybody who looks below 25 years of age be asked for valid ID before being served liquor (valid ID is: Passport, NZ Driver's Licence or 18+ photo ID card) <i>yes/no</i>	
<b>8</b>	<b>What substantial food do you intend to have available at the event?</b> <b>If a catered event, please supply menu:</b> <i>menu supplied yes/no</i> Or at least 3 different types of food: Pies <input type="checkbox"/> , Pizza <input type="checkbox"/> , Savouries <input type="checkbox"/> , Sandwiches <input type="checkbox"/> , BBQ <input type="checkbox"/> (please tick) Other <input type="checkbox"/> <i>If other please state varieties</i>	
<b>9</b>	What types of low alcohol (2.5%) and non alcoholic drinks do you have?	
<b>10</b>	What alcoholic drinks do you intend to serve at your events? Beer <input type="checkbox"/> , Wine <input type="checkbox"/> , Cider <input type="checkbox"/> , Spirits <input type="checkbox"/> , RTD's <input type="checkbox"/> (please tick) If yes for RTDs state alc %	
<b>11</b>	Will all internal areas be smoke free? <span style="float: right;"><i>yes/no</i></span>	
<b>12</b>	Is Security required? <span style="float: right;"><i>yes/no</i></span> Registered Security Co.....or volunteers(give details)	

**I have read and understood the above questions and will implement the measures I have indicated above.**

(Name/Trading name of event location) \_\_\_\_\_

Print your name: \_\_\_\_\_ Role \_\_\_\_\_

Print your staff/mgr designation: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Mob: \_\_\_\_\_ email: \_\_\_\_\_

**Please return this questionnaire with a list of foods and non-alcoholic drink options available at your event**

*If you have any questions or would like further Host Responsibility information, please contact a Compliance Officer:*

**MidCentral District Health Board region** including:  
Palmerston North, Manawatu, Tararua and Horowhenua **Contact:** Neil Adams, 06 350 9110

**Whanganui District Health Board region** including:  
Whanganui, Southern Ruapehu, Rangitikei **Contact:.** Karen Cole 06 348 1781

**Rangitikei District Council**

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**RANGITIKEI**  
DISTRICT COUNCIL

**PUBLIC NOTICE OF APPLICATION FOR SPECIAL LICENCE**

Form 8, Sections 139, 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 of a special licence for the premises situated at (*address*) \_\_\_\_\_

**OR** the (*specify the kind of conveyance*) \_\_\_\_\_

known as (*specify*) \_\_\_\_\_

The nature of the event for which the licence is required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The days on which and the hours during which alcohol 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 Agency at 46 High Street, Marton.

Any person who is entitled to object and wishes to object to the issue of the licence may file a notice in writing of the objection with the Secretary of the District Licensing Committee at Private Bag 1102, Marton, 4741 no later than \_\_\_\_\_ (*date specified by Secretary of the District Licensing Committee*).

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 142(1) of the Sale and Supply of Alcohol Act 2012.