APPLICATION FOR SPECIAL LICENCE

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

To: The Secretary
District Licensing Committee
At Marton

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  | Licensing Trust |  
| Club  | Territorial Local Authority |  
| Partnership  | Private Company |  
| Government Department or instrument of crown  | Manager under the Protection of Personal and Property Rights Act 1988 |  
| Body Corporate  | A board, organisation or other body |  
| Public Company  | Local Authority |  

DATE RECEIVED  
____/_____/ 20__
POSTAL ADDRESS

FULL postal address for service of documents
____________________________________________________________________________
____________________________________________________________________________

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 __________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

CRIMINAL CONVICTIONS

Has the applicant been convicted of any offence?

☐ Yes  ☐ No

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

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

<table>
<thead>
<tr>
<th>Nature of Offence</th>
<th>Date of Conviction</th>
<th>Penalty Suffered</th>
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</thead>
<tbody>
<tr>
<td>__________________</td>
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</tbody>
</table>

**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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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 (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)* _______________________________________

Page 7 of 10
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?

<table>
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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 _____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Page 9 of 10
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**

<table>
<thead>
<tr>
<th>Class</th>
<th>Event Details</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1 – Large</td>
<td>1 large event: More than 3 medium events; more than 12 small events.</td>
<td>$575</td>
</tr>
<tr>
<td>Class 2 – Medium</td>
<td>3 to 12 small event; 1 to 3 medium events.</td>
<td>$207</td>
</tr>
<tr>
<td>Class 3 – Small</td>
<td>1 or 2 small events.</td>
<td>$63.30</td>
</tr>
</tbody>
</table>

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

1. What type of event you are requiring a special licence for?

2. How many hours is the licence requested for?
   - 0-2 hours
   - 3-4 hours
   - 5-7 hours
   - 8 hours and over

3. What time of day will your event will finish
   - Before 3pm
   - Before 10pm
   - Later than 10pm - state time of finish _______ e.g. 3am

4. How many people are you anticipating will attend your event?

5. How many bar staff/volunteers will be present to observe/serve those attending the event?

6. Are staff/volunteers trained to cease serving liquor to a person before that person is allowed to become intoxicated? yes/no
   Refer to Intoxication Guidelines at www.alcohol.org.nz

7. 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) yes/no

8. What substantial food do you intend to have available at the event?
   If a catered event, please supply menu: menu supplied yes/no
   Or at least 3 different types of food:
   - Pies
   - Pizza
   - Savouries
   - Sandwiches
   - BBQ
   (please tick)
   Other
   If other please state varieties

9. What types of low alcohol (2.5%) and non alcoholic drinks do you have?

10. What alcoholic drinks do you intend to serve at your events?
    - Beer
    - Wine
    - Cider
    - Spirits
    - RTD’s (please tick) If yes for RTDs state alc %

11. Will all internal areas be smoke free? yes/no

12. Is Security required? yes/no
    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
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.