

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

DATE RECEIVED

___/___/20___

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

On Licence On Licence Renewal

ENDORSEMENTS

State by type every endorsement sought or sought to be renewed

DETAILS OF APPLICANT(S)

Full legal name or names to be on the licence _____

Is the licence already held for premises or conveyance concerned?

Yes No

If yes, state the kind of licence _____

Status of applicant (*tick appropriate box*):

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

For applicant(s) that is a natural person or persons, please provide the following details for each person:

CONTACT DETAILS (NATURAL PERSON)

Full legal name _____

Any aliases _____

Residential address _____

Gender Male Female

Occupation _____

Date of birth _____ Place of birth _____

Internet site(s) _____

Email address _____

Daytime contact phone number(s) _____

Preferred mode of contact _____

If there is more than 1 natural person please include their details or a separate sheet.

For an applicant that is a body corporate:

INCORPORATED AUTHORITY

Authority under which incorporated _____

Date of incorporation _____

Place of incorporation _____

For applicant that is not a natural person, or persons, details of the contact person:

CONTACT DETAILS (NOT A NATURAL PERSON)

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 _____

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

General nature of the business to be conducted by the applicant in the premises if the licence is granted (*eg: hotel, tavern, restaurant, entertainment/nightclub*)

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 _____

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 (IF NOT A CONVEYANCE)

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

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. 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 given 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.

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

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

DETAILS OF APPLICANT

Full legal name _____

Address _____

Occupation _____

has made an application to the District Licensing Committee at Rangitikei for the issue / renewal / variations of conditions (*circle one*) of a

_____ (*specify the type of licence*)

In respects of the premises situated at:

_____ (*address*)

Or the: _____ known as _____
(*specify type of conveyance*)

The general nature of the business conducted under the licence is:

_____ (*for example: hotel, tavern restaurant, entertainment/nightclub*)

The days on which and the hours during which alcohol is (or is intended to be sold) under the licence are:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

The application may be inspected during ordinary office hours at the office of the Rangitikei District Licensing Committee at 46 High Street, Marton.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Private Bag 1102, Marton 4741

No object to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

No objection to the renewal of a licence may be made in relation to a matter other than a matter specified in section 131 of the Sale and Supply of Alcohol Act 2012.

(In case of publication in newspaper(s) This is the [state whether first, second or only] publication of this notice.

(In case of second publication in newspaper(s) This notice was first published on [state date].

APPLICATION FOR LIQUOR LICENCE – EVACUATION SCHEME

Premises: _____

Address: _____

On Licence Number: _____

Off Licence Number: _____

Club Licence Number: _____

I HEREBY STATE THAT

Either

- The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of Section 21A of the Fire Service Act 1975.

Or

- The building, by reason of its current use, does not require such a scheme, or the building is exempt from having to meet the requirements for such a scheme.

Signed by the applicant: _____

Date: _____



WHO NEEDS AN EVACUATION SCHEME?

An Evacuation Scheme is required for buildings detailed in section 21A (1) and (2) of the Fire Service Act 1975.

The following is a list of buildings and occupancies that require a Fire Service approved Evacuation Scheme.

Buildings where:

- 100 or more people can gather in a common venue or place of assembly, whether for a commercial, social, cultural, religious or any other purpose, or
- Facilities for employment are provided for more than 10 people, or
- Accommodation is provided for more than 5 people, (unless in 3 or less household units), or
- Whole or part of the building is used for storage or processing of hazardous substances, or
- Early childcare facilities are provided, (other than in a household unit), or
- Specialised nursing, medical or geriatric care is provided, (other than in a household unit), or
- Specialist care is provided for people with disabilities (other than in a household unit), or
- People in lawful detention are accommodated.

Evacuation Schemes must be approved by the Fire Service.

(A waiver may be granted from the requirements to have an approved Evacuation Scheme for your building. Contact your local Fire Safety Officer for advice.)

**APPLICATION FOR RENEWAL FOR LIQUOR LICENCE –
EVACUATION SCHEME**

Premises _____

Address _____

On Licence Number _____

Off Licence Number _____

Club Licence Number _____

I HEREBY STATE THAT

Either

The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of Section 21A of the Fire Service Act 1975.

Or

The building, by reason of its current use, does not require such a scheme, or the building is exempt from having to meet the requirements for such a scheme.

Signed by the applicant _____

Date _____



WHO NEEDS AN EVACUATION SCHEME?

An Evacuation Scheme is required for buildings detailed in section 21A (1) and (2) of the Fire Service Act 1975.

The following is a list of buildings and occupancies that require a Fire Service approved Evacuation Scheme.

Buildings where:

- 100 or more people can gather in a common venue or place of assembly, whether for a commercial, social, cultural, religious or any other purpose, or
- Facilities for employment are provided for more than 10 people, or
- Accommodation is provided for more than 5 people, (unless in 3 or less household units), or
- Whole or part of the building is used for storage or processing of hazardous substances, or
- Early childcare facilities are provided, (other than in a household unit), or
- Specialised nursing, medical or geriatric care is provided, (other than in a household unit), or
- Specialist care is provided for people with disabilities (other than in a household unit), or
- People in lawful detention are accommodated.

Evacuation Schemes must be approved by the Fire Service.

(A waiver may be granted from the requirements to have an approved Evacuation Scheme for your building. Contact your local Fire Safety Officer for advice.)

**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 Marion

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 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).

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 _____