

**KĀ PITI COAST DISTRICT LICENSING AGENCY
APPLICATION FOR RENEWAL OF
ON, OFF OR CLUB LICENCE**

Sections 18, 41 and 64 Sale of Liquor Act 1989

**1. Fee: \$793.24 for On, Off or Club
\$134.93 for BYO or Caterers**

2. Three copies of application required (forms attached).

3. Make cheque payable to Kapiti Coast District Council.

4. Supply all necessary documentation.

*Contact person: Licensing Inspector
Kāpiti Coast District Licensing Agency
C/- Kāpiti Coast District Council,
175 Rimu Road, Private Bag 601
Paraparaumu 5254*

Ph (04) 2964805 Fax (04) 2964830

APPLICATION FOR RENEWAL OF LICENCE
(For On-Licence, Off-Licence or Club Licence)
Sections 18, 41 and 64 Sale of Liquor Act 1989

TO: The Secretary
District Licensing Agency
At

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

1. DETAILS OF LICENSEE

- a) Licensee Name
- b) Postal address for service of documents
- c) Daytime contact name and telephone number
- d) Email Address

2. DETAILS OF MANAGER/S:

Full names and addresses of all managers currently employed, and certificate numbers of manager's certificates:

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3. DETAILS OF LICENCE

- a) Type of licence (tick appropriate box)

On Licence	Off Licence	Club Licence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b) Number
- c) Date of expiry

4. DETAILS OF PREMISES (To be included only where the licence applies to any premise)

(a)Address

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(b)Trading name (if any)

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(c)(If a Club Licence) Does the club share the premises with any other club?

.....YES/NO.....

If "YES" –

(i) What is the name of the other club?

(ii) What months of the year do the respective clubs use the premises?

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4. DETAILS OF CONVEYANCE. (To be included only where the licence applies to any conveyance.)

a) Type of conveyance.....

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b) Address of home base (if any).....

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c) Trading or other name (if any)

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5. CONDITIONS

Are any changes sought to the present conditions of the licence

.....YES/NO.....

If "YES",

What changes are sought?(Use separate sheet for proposal)

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DATED AT.....THIS.....DAY OF.....20.....

.....APPLICANT