Send or deliver this form to:

Compliance Officer

Kapiti Coast District Council

175 Rimu Road, Paraparaumu 5032

Private Bag 60601, Paraparaumu 5254 For all enquiries phone:

Email: [kapiti.council@kapiticoast.govt.nz](mailto:kapiti.council@kapiticoast.govt.nz) 04 296 4700 or 0800 486 486

This application is subject to the general compliance per hour charge. In order for us to process and assess this application you are required to pay an initial deposit equating to one hour of Compliance Officer time when you submit this application.

1. **Details of applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicants name | Click or tap here to enter text. | | |
|  | (Person, company, trust etc) | | |
| Application contact person | Click or tap here to enter text. | | |
|  | (If different than above) | | |
| Site Address | Click or tap here to enter text. | | |
|  |  | | |
| Postal address | Click or tap here to enter text. | | |
|  | (If different than above) | | |
| Contact details | Click or tap here to enter text. |  | Click or tap here to enter text. |
|  | Mobile |  | Phone |
| Email | Click or tap here to enter text. | | |

1. **Type of licence required**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dining |  |  | Retail Goods |
|  | Retail Food |  |  | Street Furniture (eg. Flower pots/screens) |
|  | Other | Click or tap here to enter text. | | |

1. **Activity details**

As per section 2.3 of the Trading in Public Places Policy 2017 the Council will consider (but not be limited to) the following matters when assessing an application for a licence under this Policy including:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.1 Activity** | | | | |
| What type of goods and services are going to be sold? | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Does the activity otherwise comply with all other relevant regulatory requirements e.g. District Plan/ Building Act? | Yes |  | No |  |
|  |  |  |  |  |
| Describe proposed health and safety practice to ensure public safety. | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| **3.2 Location** | | | | |
| Why was this proposed location chosen for this activity? | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| What other activities occur in the immediate surroundings of this proposed location? | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |

***Please Note:*** *Applications for approvals are assessed for their suitability including impacts on the surrounding environment and whether the activity is consistent with other Council policies and plans.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.3 Design** | | | | |
| Describe in detail the proposed style and design of the market, mobile shop, sign or stall including any barriers, canopies, awnings, signage, screens and furniture that may be associated with the proposed trading activity. Attach photos where possible. | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Describe how any proposed equipment will be fixed/secured/weighted down | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |

***Please Note:*** *The layout and orientation of your stall may have to be limited due to the size of the available space (See Figure 1).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.4 Food management** | | | | | | |
| Are you intending to sell food? | | Yes |  | No |  | |
| If yes, please tick one or more of the following: | |  |  |  |  | |
|  | I operate under a registered risk based measure (food control plan or national programme.)  Food Act 2014 registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | I am not required to be registered because I am selling food to raise funds for a charity, or for cultural and community event no more than 20 times nationally in a calendar year. | | | | |
|  | I am not required to be registered because I am selling food at a single one-off event, only once in a calendar year. | | | | |
|  | This is an application for a Market to operate in a public place. I/we have food sellers required to be registered under a risk based measure (food control plan or national programme). | | | | |
|  | I/we have ensured that all our food stall holders that are required to be registered, are registered. | | | | |
|  | I/we have completed appendix one to this application which lists the names and applicable registration numbers of those food stall holders that will be operating at this Market. | | | | |
|  | I/we as Market operators will do all I/we can to ensure any food sellers (registered or not) sell safe and suitable food. | | | | |
| As part of this application I will advise Council of any new or removed registered food stall operators by emailing [food@kapiticoast.govt.nz](mailto:food@kapiticoast.govt.nz). | | | | | |
|  | I am not required to be registered under Food Act 2014 because: | | | | |
| Click or tap here to enter text. | | | | | | |
|  | |  |  |  |  | |
| Click or tap here to enter text. | | | | | | |
| **3.5 Alcohol management** | | | | | | |
| Are you intending to sell alcohol? | | Yes |  | No |  | |

***Please Note:*** *A licence is required for the sale of alcohol. If you hold a licence please attach a copy. If you need to apply for a licence, please refer to the Council website at* [*https://www.kapiticoast.govt.nz/services/a-z-council-services-and-facilities/alcohol-licences/applying-for-an-alcohol-licence/*](https://www.kapiticoast.govt.nz/services/a-z-council-services-and-facilities/alcohol-licences/applying-for-an-alcohol-licence/)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.6 Hours of operation** | | | | |
| What are the expected hours and days of operation? | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
| **3.7 Public liability insurance** | | | | |
| Detail the level of public liability insurance you hold. Does this include the proposed area in this application? | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
| **3.8 Pedestrian access** | | | | |
| Describe how your proposed activity will not interfere with safe and efficient pedestrian movement. | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
| **3.9 Traffic management** | | | | |
| Describe your proposed traffic management plan in order to operate safely and prevent adverse impact on any other user. | | | | |
| Click or tap here to enter text. | | | | |
|  |  |  |  |  |
| Click or tap here to enter text. | | | | |
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| Click or tap here to enter text. | | | | |

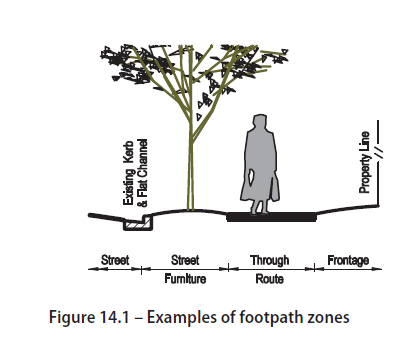
***Please Note:*** *This may include the constraints on the capacity of available parking in the area, pedestrian access and safety, and any other traffic safety issues.*

1. **Site Map - taking into account the details in Figure 1. below**

Please include a sketch/drawing below of the proposed area that accurately shows:

* + the width of the footpath from the building façade to the kerb edge;
  + the proposed location and size of the goods (footpath stall, furniture) in relation to existing features, including the kerb edge, neighbouring properties, rubbish bins, street light poles, signs, pillars, street furniture, fire hydrants, parking meters, telephone boxes, mail boxes or any other significant features on the footpath;
  + how you will ensure there is a clear continuous minimum width of 1.2 metres of unobstructed pedestrian through route; and
  + the location of doorways and service openings.

*Draw your proposed area here:*



|  |
| --- |
|  |

Figure 1.

**5. Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you be providing security at your event? *(i.e. crowd control, security of property and vehicles)* |  |  |  |  |
| If **yes**, detail your arrangements below: |  |  |  |  |

The information supplied with this application is true and correct according to the best of the Applicant’s knowledge. The Applicant confirms they will agree to any conditions which Kāpiti Coast District Council may impose on the exercise of its approval of this application.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Name |  | Applicant’s Signature |
|  |  |  |
|  |  |  |
| Date |  |  |

**6. Method of payment (must be made at time of application)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you be providing security at your event? *(i.e. crowd control, security of property and vehicles)* |  |  |  |  |
| If **yes**, detail your arrangements below: |  |  |  |  |

|  |  |
| --- | --- |
|  | I have paid at a Kāpiti Coast District Council Service Centre when I delivered this application. |
|  | I have paid by electronic transfer (Council Bank Account Number: 03-0732-0306101-00) and quoted my name and “TPP” in the reference fields; and I have included proof of electronic payment with this application |
|  | I have posted a cheque to Kapiti Coast District Council, Private Bag 60 601, Paraparaumu, 5254. |

**7. How I would like to receive my licence (please select one only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will you be providing security at your event? *(i.e. crowd control, security of property and vehicles)* |  |  |  |  |
| If **yes**, detail your arrangements below: |  |  |  |  |

|  |  |
| --- | --- |
|  | I will collect my licence – please contact me when it is ready by  phone  email, or |
|  | Please post my licence to me. |

**Appendix One:**

**(Only required of you are a Market operator applying to trade in a public place and have food stall holders required to be registered)**

|  |  |
| --- | --- |
| **List of food stall holders required to be registered** | |
| **Name of business** | **Registration number** |
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