

exp 2/4/25

APPLICATION FOR OFF-LICENCE OR RENEWAL OF OFF-LICENCE



Form 4, Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

Send or deliver your application to:

The Secretary
District Licensing Committee
Kāpiti Coast District Council
Private Bag 60601, Paraparaumu 5254
175 Rimu Road, Paraparaumu 5032
Telephone (04) 296 4700 Toll Free: 0800 486 486



For Council use

File #

Once this application is complete you may make an appointment for a pre-lodgement meeting with a Licensing Inspector at the numbers given above.

Application forms cannot be accepted by the District Licensing Committee (DLC) over the counter until they have been signed off as complete by the Inspector and a fee category has been calculated. **Instructions on how to complete this application are attached at the back of the form.**

This application is made in accordance with the particulars set out below:

1. Application Type

☐ New Off-Licence

☒ Renewal of Off-Licence

☐ Renewal of Off-Licence with variation of conditions

Licence number:

45/OFF/043/2022

Licence number:

2. Endorsements

Tick the appropriate box if you want an endorsed licence only

☐ Auctioneer

☐ Remote Sales

3. Details of Applicant

Full legal name or names to be on licence (if a company, must be a company name):

BHOLE NATH LIMITED

Whether licence already held for premises concerned: ☒ Yes ☐ No, and if 'Yes', state kind of licence

OFF LICENCE NO - 45/OFF/043/2022

4. Applicant Status: by reference to section 28 of Sale and Supply of Alcohol Act 2012

☐ Natural person(s)

☒ Private Company

☐ Body Corporate

☐ Public Company

☐ Partnership

☐ Other (please specify).....

5. For Applicant that is a Natural Person(s)

Full legal name:

Any aliases (and/or maiden name):

Usual residential address: Number

Street:

Suburb:

City:

Postcode:

Sex:

Occupation:

Date of birth:

Place of birth:

Telephone:

Mobile:

Email:

Preferred mode of contact:

6. For Applicant that is a Body Corporate, Authority under which Incorporated**7. For Applicant that is Not a Natural Person(s), Details of Contact Person**

Name: VIPULBHAI JIVAN

Designation/Position: DIRECTOR

Telephone: 048920015

Email: Kapiti 4 Square @ gmail . com

Mobile: 0272331958

Preferred mode of contact: phone

8. Postal Address for Service

Number/Street/PO Box: 128-140

Suburb: KAPITI ROAD

City: PARAPARAUMU

Postcode: 5032

9. Business Details

Describe principal business, any other businesses

FOUR SQUARE SUPERMARKET

10. Criminal Convictions

Does the applicant(s) have any criminal convictions (other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004 applies). ☐ Yes ☒ No, and if "Yes", then please provide nature of the offence, details of conviction, and penalty imposed.

11. For a Company whether Incorporated under the Companies Act 1993 or Equivalent Foreign Legislation

Full Legal Names of Directors:

VIPULBHAI JIVAN

JAYMINKUMAR CHANDUBHAI PATEL

12. For a Private Company Incorporated under the Companies Act 1993

Authorised capital:

Paid up capital:

Name:

VIPULBHAI JIVAN

Address: Street number

Street:

133 MILNE DRIVE

Suburb:

PARAPARAUMU

City:

WELLINGTON

Postcode:

5032

Date of birth:

27 MAR 1985

Place of birth:

INDIA

Designation:

DIRECTOR

Face value of shares held:

60000

13. For a Partnership

Full legal name of partner:

Usual residential address: Number

Street:

Suburb:

City:

Postcode:

Full legal name of partner:

Usual residential address: Number

Street:

Suburb:

City:

Postcode:

14. Details of Premises

Address: Number

128-140

Street:

KAPITI ROAD

Suburb:

City:

PARAPARAUMU

Postcode:

5032

Trading Name:

If not Owned by Applicant:

Tenure: (state whether to be held as leasehold, or under tenancy agreement or licence)

Full legal name of owner:

Address: Number

Street:

Suburb:

City:

Postcode:

Type: state whether grocery, hotel, retail shop (other than grocery), or tavern

GROCERY

Is the licence conditional on completion of building work: ☐ Yes ☒ No, and if "Yes", state details:

15. Details of Duty Manager(s)/Proposed Manager(s) *If more than two certified managers please attach details separately*

Full legal name:

VIPUL BHAI JIVAN

Number of manager's certificate:

45/CERT/427/2016

Expiry Date:

4 MAY 2025

Full legal name:

JAYMIN KUMAR CHANDUBHAI PATEL

Number of manager's certificate:

45/CERT/426/2016

Expiry Date:

4 MAY 2025

16. Business Details

Is the sale of alcohol intended to be the principal purpose of business: ☐ Yes ☒ No, and advise the intended principal purpose of business (for example: sale of alcohol, sale of food; entertainment; accommodation).

4 SQUARE SUPERMARKET

Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than alcohol, non-alcoholic refreshments and food, or in the provision of any services other than those directly related to the sale or supply of alcohol and non-alcoholic refreshments, and food: ☒ Yes ☐ No - and if "Yes", advise the nature of other goods or services. This is to assess whether other goods and services provided are compatible with the sale of alcohol.

4 SQUARE SUPERMARKET

State the days and hours proposed for sale of alcohol (this is your current licensed hours not trading hours):

7 AM - 8.30 PM 7 DAYS A WEEK

17. Conditions

Doc attached?
Number.

- Write answer below or attach relevant documents that demonstrate compliance.
- When including attachments please number the hard copies, and in the first column circle 'Yes box and write the document number on '#.....'

Describe experience and training of applicant:

Yes / No
#.....

We have been operating this store since 2011 and have held our duty managers certificate so we have enough experience to manage licenced premises
Our managers are well trained to operate licenced premises

<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p> <p>ID Checks for Under 25's No ID NO Sale Refuse Sale to intoxicated customers Getting trained by Foodstuffs regularly All staffs are well trained in host responsibility</p>	<p>Yes / No #.....</p>
<p>Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):</p> <p>INTERNAL SIGNAGE ID CHECKS FOR UNDER 25's NO ID NO SALE DO NOT SERVE INTOXICATED PEOPLE</p>	<p>Yes / No #.....</p>
<p>Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:</p> <p>Our cash register prompts staff to check ID before Sale is made we are regularly checked by Foodstuffs mystry shoppers to make sure of compliance</p>	<p>Yes / No #.....</p>
<p>Describe any actions that have been taken to ensure the good order and amenity of the locality would not be likely to be:</p> <ul style="list-style-type: none"> • reduced, by more than a minimal extent, by granting the licence; or • increased, by more than a minimal extent, by the refusal to renew the licence. <p>Alcohol will not be served to minors NO ID NO service NO exceptions Do not serve intoxicated people</p>	<p>Yes / No #.....</p>
<p>For Licence Renewal Only: Describe any conditions of the licence the applicant seeks to vary or cancel: To be filled in for each condition the applicant seeks to vary or cancel – attach additional pages as necessary</p> <p>Terms of condition at present:</p> <p>No Changes</p>	<p>Yes / <u>No</u> #..... #..... #..... #.....</p>

ownership arrangements have changed.

19. Further Details where Applicant is a Company

Include full details of each person who holds 20% or more of the shares, or of any particular class of shares, issued by the company.

Name: VIPULBHAI JIVAN	Address: 133 MILNE DRIVE
Suburb: PARAPARAUMU	City: WELLINGTON
Postcode: 5032	Date of birth: 27 MAR 1985
Place of birth:	Designation: DIRECTOR
Name:	Address:
Suburb:	City:
Postcode:	Date of birth:
Place of birth:	Designation:
Name:	Address:
Suburb:	City:
Postcode:	Date of birth:
Place of birth:	Designation:

Are additional sheets attached? Yes / No - Doc number #.....

20. Further Details where Applicant is a Partnership

Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Date:	Signature:
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Date:	Signature:
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Date:	Signature:

Are additional sheets attached? Yes / No - Doc number #.....

21. Signature of Applicant (this must be signed by applicant not their agent)

I authorise New Zealand Police to disclose any personal information it considers relevant to my application to the Medical Officer of Health and/or the Licensing Inspector for the purpose of assessing my suitability.

Name: VIPUL BHAI JIVAN

Date:

Signature: Vipul Jivan

Dated at location: PARAPARAUMU

Privacy Statement

Information contained in your application and any supporting information will be held by Kapiti Coast District Council to enable your application to be processed under the Sale and Supply of Alcohol Act 2012. This information will be made available to the public on request. The information will be provided to the Kapiti Coast District Licensing Committee, the NZ Police, the Medical Officer of Health and Council's Licensing Inspectors. This information may form part of a public hearing of your application before the Kapiti Coast District Licensing Committee and may be used in the Committee's decision for your application. Decisions will be made publically available.

Council is required to keep a statutory register of all applications and the District Licensing Committee's decisions on them. Council is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority. Any member of the public may request access to this information under the Local Government Official Information and Meetings Act 1987. This information may also be used under the Privacy Act 1993. You have the right to see and correct personal information that Council holds about you.

Method of payment (must be made at time of application)

- ☒ 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 "alcohol" in the reference fields; and
- ☐ I have included proof of electronic payment with this application.
- ☐ I have enclosed a cheque with this form.

How I would like to receive my alcohol licence (please select one only)

- ☐ I will collect my alcohol licence – please contact me when it is ready by ☐ Phone or ☐ Email
- OR
- ☒ Please post my alcohol licence to me.

Next Step: Once your application is complete, if you would like to make an appointment for an optional pre-lodgement meeting with the Licensing Inspector then please Telephone (04) 296 4700 or Toll Free: 0800 486 486.

- 1 This form must be accompanied by the prescribed fee.
- 2 This form must be accompanied by the required attachments (refer Points 19 or 20).
- 3 Within 20 working days after filing your application with the District Licensing Committee (or 10 working days if it is an application for renewal), the application must be publically notified. The public notice template will be provided on receipt of your application by the Alcohol Licensing Team.

For Office Use: Application Fee Risk Categories

☐ Very Low

☐ High

☐ Low

☐ Very High

☐ Medium

Application Fee Payable: \$ _____ Signature of Licensing Inspector _____

Name of Licensing Inspector _____ Date: _____

Guidance for Completing Off-Licence Application/Renewal Form

Background

The object of the Sale and Supply of Alcohol Act 2012 is that the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.

It is a legal requirement of the Sale and Supply of Alcohol Act 2012 that you must have a licence before you can sell or supply alcohol.

Before lodging application

Once this application is complete then you must ring and make an appointment for a pre-lodgement meeting with the Licensing Inspector. Please Telephone (04) 296 4700 or Toll Free: 0800 486 486. The application forms cannot be accepted by the DLC over the counter until they have been signed off as complete by the Inspector and a fee category has been calculated.

You should also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council.

Completing your application

Who should complete which fields

1	Type of Application	All applicants to complete.
2	Endorsements	Only complete if you are <u>only</u> seeking a licence for use as an Auctioneer, or for remote sales (the 'sale for delivery', or 'sales from a distance').
3	Details of Applicant	All applicants to complete. If a company takes profits must apply in company name.
4	Applicant Status	All applicants to complete.
5	For Applicant that is Natural Person(s)	Only complete if applicant is a natural person. A natural person is an individual.
6	For Applicant that is Body Corporate	Only complete if applicant is a body corporate.
7	For Applicant that is <u>not</u> a Natural Person(s)	Only complete if applicant is a body corporate, partnership, private company or public company.
8	Postal Address for Service	All applicants to complete.
9	Business Details	What is your principal business? For example supermarket/ bottlestore/grocery store.
10	Criminal Convictions	All applicants to complete.
11	For a Company full legal names of directors	Only complete if applicant is a public or private company.
12	For a Private Company	Only complete if applicant is a private company incorporated under the Companies Act 1983.
13	For a Partnership	Only complete if applicant is a partnership.
14	Details of Premises	All applicants to complete.
15	Details of Duty Manager(s)/Proposed Managers	All applicants to complete. If more than two, please attach separately.
16	Business Details	All applicants to complete.

17	Conditions	All applicants to complete.
18	Attachments	All applicants to complete.
19	Further Details where Applicant is a Company	Only complete if private or public company.
20	Further Details where Applicant is a Partnership	Only complete if a partnership.
21	Signature of Applicant	All applicants to complete.

After your Application is Lodged

Public Notices

You are responsible for giving notice in the Kapiti Observer or Kapiti News within 20 working days of the Council formally accepting your application (or 10 working days if it is an application for renewal) and the Council will sent you a template to complete this, along with further information. Unless notified otherwise by a Licensing Inspector, the notice must be published twice and there must not be less than five days and not more than 10 days between the two dates of publication. The notices must be worded according to Form 7 (and in compliance with regulations 36, 37 and 38 of the Sale and Supply of Alcohol Regulations 2013). A Form 7 notice must also be displayed in a conspicuous place on the premises or conveyance to which this application relates for 10 days from the first newspaper notification.

Fire Evacuation Statement

This statement must be accompanied with all new or renewal applications for on-licence (including BYO licences), off-licence, special and club licences in accordance with section 100 and 127 of the Sale and Supply of Alcohol Act 2012.

1. Applicant details

Premises name:

PARAPARAUMU 4 SQUARE

Applicants name:
(Individual or Company)

BHOLE NATH LIMITED

Premises address:

128-140 KAPITI ROAD
PARAPARAUMU

Contact phone:

Home: 04 8920015

Mobile: 027 2331958

Contact email:

Kapiti 4 Square @ gmail. com

2. Fire evacuation scheme

Most commonly a building requires an evacuation scheme because it is used for the following purposes:

- The gathering together, for **any purpose of 100 or more persons**:
- Providing **employment facilities for 10 or more persons**:
- Providing **accommodation for more than 5 persons** (other than in 3 or fewer household units):
- **Storing or processing hazardous substances in quantities exceeding the minimum amounts** prescribed in Schedule 3 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018.

See Fire and Emergency New Zealand Act 2017 section 75 and 76 for further information.

*If you are unsure that the building has or requires an approved evacuation scheme, check with the **building owner**. For the requirements of an evacuation scheme or to apply for an evacuation scheme, refer to Fire and Emergency New Zealand web site. **www.fireandemergency.nz** or Contact Fire and Emergency New Zealand, **wellingtondistrict-rteams@fireandemergency.nz**.*

Statement

I hereby state that (tick one):

☒ the owner of the building in which the premises are situated provides and maintains an evacuation scheme as required by section 76 of the Fire and Emergency New Zealand Act 2017;

OR

☐ because of the building's current use, its owner is not required to provide and maintain such a scheme;

OR

☐ because of the nature of the building, its owner is exempt from the requirement to provide and maintain such a scheme.

NOTE:

If an approved evacuation scheme is not required, the building must have evacuation procedures that meet Part 1 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018 – this does not require approval by Fire and Emergency New Zealand.

Name:

VIPULBHAI JIVAN

Signature:

Vipul Jivan

Date:

10/3/25

Submitting applications

Email completed forms to: licence.application@kapiticoast.govt.nz

Post to:

Alcohol Licensing Team
Kāpiti Coast District Council
Private Bag 60601
Paraparaumu 5254

or deliver to:

Kāpiti Coast District Council
175 Rimu Road
Paraparaumu

Sales Trend Report.

Liquor Sales Assessment



Foodstuffs North Island. Postal. DX Box CX 15021, P. +64 9 621 0600
Physical. 35 Landing Drive, Mangere, Auckland 2022. F. +64 9 621 0601
Mangere, Auckland 2022. foodstuffs.co.nz



Statement of Annual Sales Revenue

Name of Store: Paraparaumu Four Square (Bhole Nath Limited)

Gross Sales Revenue for the 52 Week period from Oct 23 to Oct 24 by category

Categories	Sales (\$)	Sales (%)
Food Products	\$ 410,491.19	27.68%
Convenience Foods	\$ 349,398.68	23.56%
Alcohol	\$ 221,720.12	14.95%
Tobacco Sales Excl. Excise Tax*	\$ 170,285.74	11.48%
Other revenue	\$ 330,854.04	22.31%
Total Sales Excl. Tobacco Excise Tax*	\$ 1,482,749.77	100.00%

Tobacco Sales Calculation	Sales (\$)
Total Tobacco Sales	\$ 635,538.40
Excise Tax*	\$ 465,252.66
Tobacco Sales Excl. Excise Tax*	\$ 170,285.74

The above figures are exclusive of GST and after deduction of all revenue from the sales of Lotto, Keno, Instant Kiwi or any other New Zealand Lottery promoted by the New Zealand Lotteries Commission.

*Tobacco Excise Tax rates have been calculated and removed from total tobacco sales based on information provided by suppliers on a per item basis.

I verify that the figures above including excise tax correctly reflect the sales for the above stated period, and excise tax has been calculated as stated above.

Signed:

A handwritten signature in blue ink, appearing to read "Gev Daji", written over a horizontal line.

Name: Gev Daji

Designation: Chartered Accountant (CA ANZ)

Date: 19/11/2024