

# APPLICATION FOR CLUB LICENCE OR RENEWAL OF CLUB LICENCE



## Form 5, 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  
Email: [licence.application@kapiticoast.govt.nz](mailto:licence.application@kapiticoast.govt.nz)  
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.

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

### 1. Application Type

**If you are not filing this renewal application, including paying the fee, at least 20 working days before the licence expires, provide a reason for the late filing as an attachment.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Club Licence | <input type="checkbox"/> Renewal of Club Licence<br>Licence number: | <input type="checkbox"/> Renewal of Club Licence with variation of conditions<br>Licence number: |
|---|---|--|

### 2. Details of Applicant

Full legal name or names to be on licence:

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

### 3. Applicant Status by reference to section 28 of Sale and Supply of Alcohol Act 2012

- |  |   |
|--|---|
| <input type="checkbox"/> Natural person(s)           | <input type="checkbox"/> Private Company      |
| <input type="checkbox"/> Body Corporate              | <input type="checkbox"/> Public Company       |
| <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Incorporated Society |
| <input type="checkbox"/> Other (please specify)..... |   |

4. 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:		
5. For Applicant that is a Body Corporate, Authority under which Incorporated		
6. For Applicant that is <u>Not</u> a Natural Person(s), Details of Contact Person		
Name:	Designation/Position:	
Telephone:	Mobile:	
Email:		
7. Postal Address for Service		
Number/Street/PO Box:	Suburb:	
City:	Postcode:	
8. Business Details		
Describe principal business, any other businesses		
9. 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). <input type="checkbox"/> Yes <input type="checkbox"/> No, and if "Yes", then please provide nature of the offence, details of conviction, and penalty imposed.		

10. Details of Premises		
Address: Number	Street:	
Suburb:	City:	Postcode:
Any name of building:		
Club Name:		
<b>If not Owned by Applicant:</b>		
Tenure: <i>(state whether to be held as leasehold, or under tenancy agreement or licence)</i>		
Full legal name of owner:		
Address: Number	Street:	
Suburb:	City:	Postcode:
Is the licence conditional on completion of building work: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> , and if "Yes", state details:		
11. Details of Duty Manager(s)/Proposed Manager(s) <i>If more than two certified managers please attach details separately</i>		
Full legal name:		
Number of manager's certificate:	Expiry Date:	
Full legal name:		
Number of manager's certificate:	Expiry Date:	
12. Club Details		
State authority under which the club is incorporated:		
Membership: total number of members..... how many are under 18 years of age.....		
<b>Contact details of club secretary - Name:</b>		
Address: Number/PO Box	Street:	
Suburb:	City:	Postcode:
Telephone:	Mobile:	
Email:	Preferred mode of contact:	
Is the sale of alcohol intended to be the principal purpose of the club? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> , and if "No", advise the intended principal purpose of the club.		

<p>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: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>, and if "Yes", advise the nature of other goods or services. <i>This is to assess whether other goods and services provided are compatible with the sale of alcohol.</i></p>	
<p>State the days and hours proposed for sale of alcohol (<i>this is licensed hours not trading hours</i>):</p>	
<p>Do you have, or require, a Trading in Public Place licence to permit consumption of alcohol on footpath: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If 'Yes', please attach and number #.....</p>	
<p><b>13. Conditions</b></p> <ul style="list-style-type: none"> <li>• Write answer below or attach relevant documents that demonstrate compliance.</li> <li>• When including attachments please number the hard copies, and in the first column circle 'Yes' and write the document number on '#.....'</li> </ul>	<p><b>Doc attached? Number.</b></p>
<p>Describe experience and training of applicant (<i>the applicant is the Club</i>)</p>	<p>Yes / No #.....</p>
<p>Describe the type and range of food intended to be available for purchase:</p>	<p>Yes / No #.....</p>

Describe the type and range of non-alcoholic beverages intended to be available for purchase:	Yes / No #.....
Describe the type and range of low-alcohol (2.5% ABV) beverages intended to be available for purchase:	Yes / No #.....
Describe to what extent, and where, drinking water is intended to be freely available to members (if no access to mains water supply, also advise the potability of water intended to be available):	Yes / No #.....
Describe the steps intended to be taken to provide help with and information about transport options from the premises:	Yes / No #.....

<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p>	<p>Yes / No #.....</p>
<p>Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (<i>for instance host responsibility practices</i>):</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>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"> <li>• reduced, by more than a minimal extent, by granting the licence; or</li> <li>• increased, by more than a minimal extent, by the refusal to renew the licence.</li> </ul> <p><i>This includes issues such as noise (including amplified music, people in outdoor areas or arriving or leaving premises), the effects on sensitive users within locality such as pre-schools, schools and medical centres:</i></p>	<p>Yes / No #.....</p>



Please attach a map showing the location of the premises. <i>Not required for renewal.</i>	Yes / No #.....
For the following documents, if they are already attached in response to a previous section you do not need to provide twice. Just circle the 'Yes' and repeat the document number you have given it.	
Please attach a copy of your Host Responsibility Policy.	Yes / No #.....
Please attach a copy of a sample food menu.	Yes / No #.....
If premises are owned by another party, please attach an owner's statement or copy of lease to show there is no objection from the owner to the issue of a licence for the proposed premises. <i>Not required for a renewal unless the lease or ownership arrangements have changed.</i>	Yes / No #.....

**15. 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:

Date:

Signature:

Dated at location:

**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 publicly 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.

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

- ☐ I will collect the alcohol licence – please contact me when it is ready by ☐ Phone or ☐ Email
- OR
- ☐ Please email the 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.

**Public Notices**

You are responsible for giving notice 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 send you a template to approve. The notice and application will be made available on the Public Notices page of Council's website for a period of 25 working days. A copy of this notice must also be displayed in a conspicuous place on the premises or conveyance to which this application relates for the period of public notification.