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19.10.21

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
Telephone (04) 296 4700 Toll Free: 0800 486 486

For Council use
File #

Once this application is complete it is recommended that you 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		
<input type="checkbox"/> New Club Licence	<input type="checkbox"/> Renewal of Club Licence Licence number:	<input checked="" type="checkbox"/> Renewal of Club Licence with variation of conditions Licence number:
2. Details of Applicant		
Full legal name or names to be on licence: KAPITI SOFTBALL CLUB INC		
Whether licence already held for premises concerned: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, and if 'Yes', state kind of licence CLUB 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 checked="" 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:	Fax:	
Email:	Website:	Preferred mode of contact:	
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: WILLIAM PALMER			
Telephone: 021 2646506	Mobile: 021 994488	Fax:	
Email: willipalmer85@gmail.com	Website:	Preferred mode of contact: 1st CELL No	
7. Postal Address for Service			
Number/Street/PO Box: 9B REP ST	Suburb: PARAPARAMU		
City:	Postcode: 5032		
8. Business Details			
Describe principal business, any other businesses			
SPORTS CLUB			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No, and if "Yes", then please provide nature of the offence, details of conviction, and penalty imposed.			
30+ YRS AGO NIL CLEAN SLAT			
10. Details of Premises			
Address: Number TE ATIAWA PARK	Street: DONOVAN RD		
Suburb: PARAPARAMU BEACH	City:	Postcode:	
Any name, trading name, or name of building:			
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:
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Suburb:	City:	Postcode:
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Is the licence conditional on completion of building work: Yes No, and if "Yes", state details:

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

Full legal name: WILLIAM GEORGE PALMER

Number of manager's certificate: 48/CERT/911/2021 Expiry Date: 9 March 2022

Full legal name:

Number of manager's certificate: Expiry Date:

12. Club Details

State authority under which the club is incorporated:

Membership: total membership... 250 number of members under 18 years of age... 150

Contact details of club secretary - Name: TOM MARSH.

Address: Number/PO Box Street: 46 TOI ST

Suburb: OTAKI City: Postcode:

Telephone: Mobile: 027 675 139 Fax:

Email: tmarsh@iswe.com Website: Preferred mode of contact:

Is the sale of alcohol intended to be the principal purpose of the club? Yes No, and if "No", advise the intended principal purpose of the club.

PROVIDE A PLACE WHERE MEMBERS CAN PLAY AND ENJOY THE SPORT OF SOFTBALL:

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.*

11

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

MONDAY and Wednesday 6pm - 10pm
Friday 6pm - 11pm
SATURDAY 11am to 12 MIDNIGHT
SUNDAY 12 NOON to 7 pm

Do you have an encroachment licence to consume alcohol on footpath: Yes No If 'Yes', please attach and number #.....

13. Conditions

- 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 '#.....'

Doc attached?
Number.

Describe experience and training of applicant:

We have operated a licence facility since 1996. We have one duty manager and two responsibility volunteers aheading to the Act and our licence, including our hosting responsibly.

Yes / No
#.....

Describe the type and range of food intended to be available for purchase:

CHIPPIES - FRUIT -
HOT CHIPS - ROLLS - HOT DOGS -
TOASTIE SANDWICHES - CAKES -
Club days - food provided to host teams
eg BBQ, platter food.

Yes / No
#.....

4

Describe the type and range of non-alcoholic beverages intended to be available for purchase:

BOTTLED WATER,
CAN DRINKS, COKE, FANTA, ETC
0% BOTTLED PINTS

Yes / No
#.....

Describe the type and range of low-alcohol beverages intended to be available for purchase:

2% BOTTLED PINTS

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):

BOTTLED WATER FREE OF BAR

Yes / No
#.....

Describe the steps intended to be taken to provide help with and information about transport options from the premises:

Yes / No
#.....

TAXI - 0800 NUMBER,
BAR MANAGE FREE CALLING OF
TAXI - UBER -

Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:

Yes / No
#.....

ID CHECKS 25 YRS OLD
U18 CARD CHECKS
DATE WRITEN UP EACH WORKING
DAY FOR UNDERAGE I.D.

Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):

Yes / No
#.....

MEMBERSHIP OFFERED WATER OR
0% LOW-ALCOHOLIC DRINKS
MEMBERSHIP OFFERED ADVISE
RE EATING, TAKING DRINKING
BREAK.

Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:

Yes / No
#.....

BAR-MANAGER AND HIS STAFF
ALL ADVISED AS TO ALL CHECKS
NEED TAKEN:

Describe any actions that have been taken to ensure the good order and amenity of the locality would not be likely to be:

Yes / No
#.....

- 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.

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:

CLUBROOMS NOT OPEN WHEN PRE-SCHOOL
OR SCHOOL HOURS:
MUSIC CONTROLLED WITHIN CLUBROOMS
ONLY:

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

Yes / No
#.....
#.....
#.....
#.....

Terms of condition at present:

CLUB LICENCE
NO CHANGE

Action sought: Variation Cancellation. If Variation, in what respect does the applicant seek to vary the condition?

ADDED DATES TO INCLUDE TUESDAY / THURSDAY
6pm - 10pm ✓
~~AND ADDED HOURS FOR STAG HOLIDAY~~
and increase Friday hrs ✓
to 6pm - 12pm

Full reasons for variation or cancellation:

To cater for club growth and ability to
provide facilities to teams and social
leagues.

14. Attachments

Doc attached?
Number.

- When including attachments please number the hard copies, and in the first column circle 'Yes' box and write the document number on '#.....')

<p>A statement, or signed declaration, regarding the premises need for an evacuation scheme, as set out in section 100(d) of the Act for new applications, or section 127(e) of the Act for renewals. Refer to Declaration form on page 11.</p>	<p>Yes / No #.....</p>
<p>Copy of planning consent – Please attach certificate to show that the proposed use meets the requirements of the Resource Management Act 1991. <i>Not required for renewal unless the business activity or type has changed since the last version.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Copies of all relevant building certificates consents: Please attach certificates to show that the premise meets the requirements of Building Code 2004. <i>Not required for renewal unless structural changes have been undertaken since the last issue or renewal.</i></p>	<p>Yes / No #.....</p>
<p>A scale floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and the principal entrance. <i>Not required for renewal unless changes have been made since the last issue or renewal.</i></p>	<p>Yes / No #.....</p>
<p>Copy of any certificate of incorporation (or equivalent document). <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Names of other clubs with which club has reciprocal visiting rights for members:</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Please attach a photograph or artist's impression of the exterior of the premises or proposed premises. <i>Not required for renewal unless major changes have been undertaken since the last issue or renewal.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Please attach a map showing the location of the premises. <i>Not required for renewal.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>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.</p>	
<p>Please attach a copy of your Host Responsibility Policy. <i>Not required for a renewal unless there have been significant changes since the last issue or renewal.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Please attach a copy of a sample menu. <i>Not required for a renewal unless there has been a significant change in the range and nature of the food offered since the last issue or renewal.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>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 licence to this premise. <i>Not required for a renewal unless the lease or ownership arrangements have changed.</i></p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>

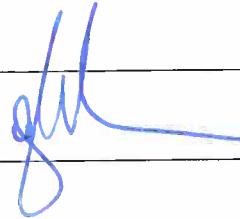
15. Signature of Applicant (this must be signed by applicant not their agent)

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: WILLIAM GEORGE PAULSEN

Date: 18-10-2021

Signature:



Dated at location: ~~Pa~~ 18-10-2021

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.

Notes

- 1 This form must be accompanied by the prescribed fee.
- 2 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).
- 3 Except in the 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 this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).

ONCE YOUR APPLICATION IS COMPLETE, MAKE AN APPOINTMENT FOR A PRE-LODGE MENT MEETING WITH THE LICENSING INSPECTOR.

PLEASE TELEPHONE (04) 296 4700 OR TOLL FREE: 0800 486 486.

Before lodging Application

Once this application is complete then 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 form cannot be accepted by the DLC over the counter until it has been signed off as complete by the Inspector and a fee category has been calculated.

After your Application is Lodged

For Office Use: Application Fee Risk Categories

- Very Low
- Low
- Medium
- High
- Very High

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

Name of Licensing Inspector: _____ Date: _____

For Office Use: Customer Service Desk Checklist:

- Applicant has met with a Licensing Inspector, and fee has been calculated (as per above).
- Fee has been paid
- Attachments checked?
 - CSO has checked that all identified (Yes/No Ref #) attachments are attached OR
 - CSO has NOT checked that all identified documents are attached

Signature of CSO _____ Date: _____

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). Unless notified otherwise by a Licensing Inspector, the notice must be published once. The notice 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.

DECLARATION OF EVACUATION SCHEME

To be used with applications for New, or Renewal of, On, Off and Club Alcohol Licences

(Sale and Supply of Alcohol Act 2012 sections 100 & 127)

Licence number:	45 CLUB 006 2019
For premises known as:	KAPITI SOFTBALL CLUB INC
Located at:	TE ATIAWA PARK DONOVAN RD Freshwater Bender

I, (applicant) WILLIAM GEORGE BENDER (please print)

Herewith state that: (Please delete whichever does not apply)

(i) The building in which the premises is situated has an evacuation scheme for public safety which meets the requirements of section 21(b) of the Fire Service Act 1975.

OR

(ii) Because of the buildings current use, the owner is not required to provide and maintain such a scheme.

OR

(iii) Because of the nature of the building, its owner is exempt from the requirement to provide such a scheme.

Signed:  (applicant)

Date: 18-10-2021

Please include this declaration with your application for forwarding to NZ Fire Service.

MUST BE CONFIRMED BY AUTHORISED FIRE SAFETY OFFICER

Signed:

Name: (please print)

Date:



Tournament Menu

Filled roll (ham or Chicken) - \$4

Toasted Sandwich (2 Fillings) - \$4

Hot chips - \$3

Hot dog - \$3

Bag of Chippies - \$2

Fruit - \$0.50c

Antoinette Bliss

From: Antoinette Bliss
Sent: Thursday, 21 October 2021 10:02 AM
To: willypalmer65@gmail.com
Cc: Antoinette Bliss
Subject: Club Renewal Application

Good morning

I have received application for renewal of the Club, I need to ask that you resubmit the following information as the application is incomplete, this application goes to council, police and health:

Page 2

- who owns the premises and tenure

Page 4

- Your hours differ from what is currently on your licence
- Describe experience and training of applicant is not filled in.

Page 7

- For Licence Renewal Only
If you wish to change your hours, you will need to tick the variation of hours box and note the hours you wish to vary and provide full reason you wish to do this.

Page 11

- Details of duty manager
You need to add your certificate number and full expiry date.

We will start to process your application once this information has been completed.

Kind regards ant

Antoinette Bliss
Alcohol Licensing Officer
Te Āpiha Kaiwhiringa Waipiro

Tel 04 296 4695
Mobile 027 5555 695



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