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 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. **Licence Number**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TP | Click or tap here to enter text. |  | Expiry Date | Click or tap here to enter text. |

1. **Type of licence**

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

1. **Proposed changes to licence conditions**

|  |
| --- |
|[ ]  None |
|[ ]  Changes as follows (provide detail): |
| Click or tap here to enter text. |
|  |  |  |  |  |
| Click or tap here to enter text. |

**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 |

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

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

**INSPECTION**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compliance Officer Licensee

**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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