

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		
<input type="checkbox"/> New Off-Licence	<input type="checkbox"/> Renewal of Off-Licence Licence number:	<input type="checkbox"/> Renewal of Off-Licence with variation of conditions Licence number:
2. Endorsements		
Tick the appropriate box if you want an endorsed licence only		
<input type="checkbox"/> Auctioneer	<input type="checkbox"/> Remote Sales	
3. Details of Applicant		
Full legal name or names to be on licence (if a company, must be a company name):		
Whether licence already held for premises concerned: <input type="checkbox"/> Yes <input type="checkbox"/> No, and if 'Yes', state kind of licence		
4. 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"/> 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:

Designation/Position:

Telephone:

Email:

Mobile:

Preferred mode of contact:

8. Postal Address for Service

Number/Street/PO Box:

Suburb:

City:

Postcode:

9. Business Details*Describe principal business, any other businesses***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:**

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

Authorised capital:	Paid up capital:
Name:	Address: Street number
Street:	Suburb:
City:	Postcode:
Date of birth:	Place of birth:
Designation:	Face value of shares held:

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	Street:	
Suburb:	City:	Postcode:
Trading Name:		
If not Owned by Applicant:		
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:
Type: <i>state whether grocery, hotel, retail shop (other than grocery), or tavern</i>		
Is the licence conditional on completion of building work: <input type="checkbox"/> Yes <input type="checkbox"/> 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:

Number of manager's certificate:

Expiry Date:

Full legal name:

Number of manager's certificate:

Expiry Date:

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)*.

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.

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

17. 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:

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 (for instance host responsibility practices):</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"> • 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>Yes / No #.....</p>
<p>For Licence Renewal Only: Describe any conditions of the licence the applicant seeks to vary or cancel: <i>To be filled in for each condition the applicant seeks to vary or cancel – attach additional pages as necessary</i></p> <p>Terms of condition at present:</p>	<p>Yes / No #..... #..... #..... #.....</p>

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:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Designation:	
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:

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 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: _____

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:	
For premises known as:	
Located at:	

I, (applicant) *(please print)*

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

(i) 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

(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:

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:

Guidance for Completing Off-Licence Application/Renewal Form

Background		
<p>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.</p> <p>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.</p>		
Before lodging application		
<p>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.</p> <p>You should also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council.</p>		
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 send 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.