From: helen@omegahospitality.co.nz
To: Mailbox - Kapiti Council

**Subject:** forward to Alcohol Licensing - Off Licence renewal

 Date:
 Wednesday, 20 April 2022 9:28:47 AM

 Attachments:
 EMAILED Application form.pdf

 EMAILED Supporting docs.pdf

Hi again

Please find an OFF licence renewal application and supporting documents attached.

It is for

Affluence Plus Limited Super Liquor Waikanae 78 Main Road,

Waikanae

Do let me know if I have missed anything.

Kind regards

Helen

Helen Gee

Alcohol Licensing Consultant Omega Hospitality

Ph 021 488315

# 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 Licence number: 45/OFF/016/2019	☐ Renewal of Off-Licence with variation of conditions 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	o be on licence (if a company, must be a compa	any name):
Affluence	Plus Limited	
Whether licence already he	eld for premises concerned: Yes Do, an	d if 'Yes', state kind of licence
Off Licen	ce for Bottle Store	
4. Applicant Status: by r	eference to section 28 of Sale and Supply of Ald	cohol 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:
For Applicant that is a Body Corporate, Authority		
7. For Applicant that is <u>Not</u> a Natural Person(s), Deta	ails of Contact Person	
Name: Helen Gee	Designation/Position: Alcohol Licen	sing Consultant
Telephone:	Email: helen@omegahosp	
Mobile: 021 488315	Preferred mode of contact: email	
8. Postal Address for Service		
Number/Street/PO Box: PO Box 39395	Suburb: Howick	
City: Auckland	Postcode: 2145	
9. Business Details		
Describe principal business, any other businesses		
Bottle Store - also owns other bot document enclosed		urther information"
10. Criminal Convictions		
Does the applicant(s) have any criminal convictions (other not contained in Part 6, and offences to which the Crimin please provide nature of the offence, details of conviction	al Records (Clean Slate) Act 2004 applies).	<b>4</b>
11. For a Company whether Incorporated under the Co	ompanies Act 1993 or Equivalent Foreign Le	gislation
Full Legal Names of Directors:		
Shaival ARORA Prayrna PURI		

# I have completed question 19. which refers to Current Private Companies I believe this question below should refer to Companies Act 1983.

12. For a Private Company Incorporated under the	Con	npanies 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	Str	eet:		
Suburb:	City	y:	Postcode:	
Full legal name of partner:				
Usual residential address: Number Street:				
Suburb:	City	y:	Postcode:	
14. Details of Premises				
Address: Number 78	Str	eet: Main Road		
Suburb: Waikanae	City	y:	Postcode: 5036	
Trading Name: Super Liquor Waikanae				
If not Owned by Applicant:				
Tenure: (state whether to be held as leasehold, or under	tena	ncy agreement or licence) leasehold to 31.03	.2031	
Full legal name of owner: Mahara House Limit	ted			
Address: Number PO Box 379	Str	eet: Waikanae		
Suburb:	City	y:	Postcode:	
Type: state whether grocery, hotel, retail shop (other than	n gro	cery), or tavern		
Retail Shop		4		
Is the licence conditional on completion of building work:	□ <b>\</b>	es o, and if "Yes", state details:		

15. Details of Duty Manager(s)/Proposed Manager(s) If more than two certified manager	rs please attacl	h details sepa	arately
Full legal name: Opinder Singh Chahal			
Number of manager's certificate: 48/CERT/0135/15	Expiry Date:	19.08.20	)22
Full legal name: Manik Singh Khinda			
Number of manager's certificate: 42/CERT/020/2021	Expiry Date:	17.06.20	22
16. Business Details			
Is the sale of alcohol intended to be the principal purpose of business <b>Yes</b> $\square$ <b>No</b> , and business (for example: sale of alcohol, sale of food; entertainment; accommodation).	advise the inter	nded principa	al purpose of
Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other food, or in the provision of any services other than those directly related to the sale or supply food:  Yes No - and if "Yes", advise the nature of other goods or services. This is to provided are compatible with the sale of alcohol.	of alcohol and	non-alcoholi	c refreshments, and
State the days and hours proposed for sale of alcohol (this is your current licensed hours no	t trading hours):	:	
Monday to Sunday 9am to 9pm			
<ul> <li>17. Conditions</li> <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 colum write the document number on '#'</li> </ul>	n circle 'Yes bo	x and	Doc attached? Number.
Describe experience and training of applicant:			Yes No
The Company Directors own several bottle stores. I have outlined a full background in the 'Further Information" docu	ument enclo	osed	<del>#</del> 1

Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:	Yes No
Comprehensive Social Responsibility policy is in place and supported by training and signage that states:	#2
NO alcohol will be served to Minors + No Intoxicated people will be served	
Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):	Yes) No
Alcohol is only ever sold when it is safe to do so, Free drinking water available during tastings and to anyone who askes at any time.	
stringent ID checking and monitoring every customer for signs of intoxication	
Training Plan Attached	
Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:	Yes No #3
SCAB tool on hand for training	
Super Liquor have online training modules that all staff must complete	
Training Plan attached	
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 refusel to repeat the licence.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• increased, by more than a minimal extent, by the refusal to renew the licence.	
Well trained and experienced team who have working knowledge of their Social responsibility policy. The Applicant has been successfully operating bottle stores since 2019. Team engages with their customers so they can more easily identify signs of intoxication.	
Promotions within the National Guidelines and as per Super Liquor franshise	
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  Terms of condition at present:	Yes No #
	# #

Action sought:   Cancellation. If Variation, in what respect does the applicant seek to vary the condition?	
Full reasons for variation or cancellation:	
<ul> <li>Attachments</li> <li>When including attachments please number the hard copies, and in the first column circle 'Yes box and write the document number on '#')</li> </ul>	Doc attached? Number.
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. <i>Refer to Declaration form on page</i> 9.	Yes No
Please attach certificate to show that proposed use meets the requirements of the Resource Management Act 1991.  Not required for renewal unless the business activity or type has changed since the last version.	Yes / No #
Copy of Building Compliance Certificate. Please attach certificate to show that the premises meet the requirements of Building Code 2004. <i>Not required for renewal unless structural changes have been undertaken since the last issue or renewal.</i>	Yes / No #
Where the premises are a grocery store, the statement of annual sales revenue required by regulation 12 or 13 (as the case requires) of the Sale and Supply of Alcohol Regulations 2013.	Yes / No #
Where the premises are a grocery store or supermarket, a scale floor plan must be provided clearly defining the single alcohol area, or sub-area, and layout of the premises including entry/exit and checkouts.	Yes / No #
Where the premises are a bottle store or tavern off licence, a plan must be provided showing designations and the principal entrance.	Yes No
For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). Not required for renewal unless there have been changes since the last issue or renewal.	Yes / No #
Advise if a Crime Prevention Through Environmental Design (CPTED) assessment has been undertaken or any	Yes / No
improvements to the design and layout in accordance with CPTED.   Yes Vo, and if 'Yes' attach a copy.	#
If 'No', discuss with the Licensing Inspector if you need to complete a CPTED checklist for this application (see HPA and the Ministry of Justice websites for more information).  NO CHANGES TO EXISTING L	AYOUT
If premises 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>	Yes / No #

#### 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. Address: Name: Shaival Arora 18 Cheetwood Street Suburb: Churton Park City: Wellington 6037 Date of birth: Postcode: 22.07.1983 Place of birth: Designation: India Director/Shareholder Name: Address: Prayrna Puri 18 Cheetwood Street Suburb: **Churton Park** City: Wellington 12.09.1980 Postcode: 6037 Date of birth: Place of birth: India Designation: Director/Shareholder Address: Name: 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: Address: Name: Suburb: City: Postcode: Date of birth: Place of birth: Date: Signature: Address: Name: City: Suburb: Postcode: Date of birth: Place of birth: Date: Signature: Yes / No - Doc number #..... Are additional sheets attached?

21. Signature of Applicant (this must be signed by applicant	not their agent)
I authorise New Zealand Police to disclose any perso Medical Officer of Health and/or the Licensing Inspec	onal information it considers relevant to my application to the ctor for the purpose of assessing my suitability.
Name: Helen Gee (Agent) on behalf of Shia	val Arora, Company Director of Affluence Plus Ltd
Date: 19.04.2022	Signature:
Dated at location: Dunedin	
Privacy Statement	
to enable your application to be processed under the made available to the public on request. The informal Committee, the NZ Police, the Medical Officer of Heal form part of a public hearing of your application befoused in the Committee's decision for your application Council is required to keep a statutory register of all on them. Council is required to report statistics about Authority. Any member of the public may request according to the public may reque	applications and the District Licensing Committee's decisions at applications to the Alcohol Regulatory and Licensing cess to this information under the Local Government Official may also be used under the Privacy Act 1993. You have the right
Method of payment (must be made at time of application)	tion)
☐ I have paid at a Kāpiti Coast District Council Service	e Centre when I delivered this application.
I have paid by electronic transfer (Council Bank Acc "alcohol" in the reference fields; and	count Number: 03-0732-0306101-00) and quoted my name and
I have included proof of electronic payment wit	h this application.
☐ I have enclosed a cheque with this form.	
How I would like to receive my alcohol licence (pleas	e select <u>one</u> only)
☐ I will collect my alcohol licence – please contact me OR	when it is ready by $\ \square$ Phone or $\ \square$ Email
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).
- 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:

### **Further Information**

#### Licensee experience

- Affluence Plus Limited has two Company Directors and two Shareholders, they are a husband and wife team.
- Mr Arora is a very experienced bottle store owner and businessman. Who purchased his first bottle store in 2017 and he has held a DM certificate for several years.
- ➤ He owns six bottle stores which are listed below
  - o Felicity Plus Limited: t/a Waikanae Liquor, 52 Main Road, Waikanae
  - Opulence Plus Limited: t/a Liquor Centre Masterton, 30-38 Queen St, Masterton
  - Hari Om (2012) Limited: t/a Waitangirua Liquor Centre, 2/12 Commerce Cres, Waitangirua
  - Vintel & Nirmal Partners Limited: t/a Alicetown Liquor Centre, 425 Cuba Street, Alicetown
  - Triumph Plus Limited: t/a Whitby Liquor Centre, 69E Lakeside Centre, Discovery Drive, Whitby

#### **Licensee involvement & the Team**

- ➤ The Company Director is involved in the day to day running of the business and is supported by two experienced DM holders.
- ➤ A DM cert holder will be on duty at all times.

#### **Team training**

- > Currently a team of two who hold current DM certificates.
- Mr Arora is named as a DM certificate, but he also oversees his other businesses, so only works in the store as required to cover any shifts his employees cannot manage.
- ➤ Opinder Singh is the store manager and he has held a DM certificate since 2019 and worked in several of Mr Arora's bottle stores
- > The training programme consists of:
  - The team meet regularly to discuss all business matters.
  - Training is provided at this time by a DM cert holder and the team are trained to assess all customers that come through the door.
  - o ID is always checked for anyone who appears to be under the age of 25 and no intoxicated people will ever be served.
  - o Staff are trained in Health and Safety
  - o Fire Safety Fire evacuation procedures / locations of extinguishers.
  - Equipment Safety
  - o Alcohol Management Plan used to assist in training Social Responsibility policy
  - SCAB tool is on hand for training any new staff on how to recognise signs of intoxication
- > Please see additional training information attached

## SUPER LIQUOR WAIKANAE

## Social Responsibility Policy

The team at Super Liquor Waikanae welcome you to our place.

We take our responsibilities seriously and we invite you to read and support our policy below

Alcohol will NOT be served to minors. Staff will require evidence of age for persons appearing under the age of 25. Accepted forms of ID include photo driver's licence, passport, HANZ 18+ card and Kiwi Access card

Anyone showing signs of intoxication will not be served. Our team is trained to recognise signs of intoxication and is under instruction to refuse liquor service at their discretion with respect to concerns of intoxication

We have a full range of low and non-alcoholic beverages available for sale at all times including, juice, low alcohol beers, soft drinks and mineral water

Our premise is a 'supervised area' under the act which means persons under 18 are only permitted onsite with a legal guardian

Ask our staff about safe transport options. We offer a free phone for customers wishing to call a taxi, dial a driver etc

During tastings water will be readily available

We actively promote safe and responsible drinking messages

We will display and/or provide Alcohol Helpline resources

Alcohol will not be promoted in an irresponsible manner

The staff at Super Liquor Waikanae care about the community. We appreciate your help in continuing to make this a safe and respectful environment for everyone to enjoy and we look forward to seeing you again

### Staff Training Plan – Affluence Plus Ltd Company / Super Liquor Waikanae

We are committed to providing regular training to staff

Topics	Frequency of training	Training Materials Used or Referenced	Who is responsible
Type of licence and restrictions	X monthly	The Managers Guide 2014	Licensee or Duty
Conditions of licence	X monthly	Copy of Licence	Manager
Host Responsibility Policy	X monthly	Policy	
Amenity and good order	X monthly	-	
SCAB Intoxication Tool	X monthly	The Managers Guide 2014 & The Bar Code book	
Preventing Intoxication	X monthly	The Managers Guide 2014, The Bar Code and SCAB intoxication tool; https://www.alcohol.org.nz/resources/intoxication-assessment-toola6	
Dealing with intoxication	X monthly	The Managers Guide 2014 & The Bar Code	
Type of designations	X monthly	Entirely Supervised throughout	
Acceptable forms of ID's	X Monthly	NZ DL, Passport, Hanz 18+, Kiwi access card	
Object of Sale and Supply of Alcohol Act 2012	X monthly	Sale and Supply of Alcohol Act 2012	
Signage and Notices	Daily or when open for sale of alcohol	SSAA 2012/ Conditions of licensee	
Transport Options	x monthly	Signs available & free phone call	
Incident Register	x monthly	•	
Applicable to Licensees  Managers Register  Acting/ temporary appointments Notifications to Agencies (Section 231 of SSAA 2012)  Security Arrangements Staff Training Updates			Licensee

Signed: Jak

Position: Staff

# Staff Training Plan – Affluence Plus Ltd Company / Super Liquor Waikanae

We are committed to providing regular training to staff

Topics	Frequency of training	Training Materials Used or Referenced	Who is responsible
Type of licence and restrictions	The Managers Guide 2014	Licensee or Duty Manager	
Conditions of licence	X monthly	Copy of Licence	
Host Responsibility Policy	X monthly	Policy	
Amenity and good order	X monthly		
SCAB Intoxication Tool	X monthly	The Managers Guide 2014 & The Bar Code book	
Preventing Intoxication	X monthly	The Managers Guide 2014, The Bar Code and SCAB intoxication tool; https://www.alcohol.org.nz/resour ces/intoxication-assessment-tool-a6	
Dealing with intoxication	X monthly	The Managers Guide 2014 & The Bar Code	
Type of designations	X monthly	Entirely Supervised throughout	
Acceptable forms of ID's	X Monthly	NZ DL, Passport, Hanz 18+, Kiwi access card	
Object of Sale and Supply of Alcohol Act 2012	X monthly	Sale and Supply of Alcohol Act 2012	
Signage and Notices	Daily or when open for sale of alcohol	SSAA 2012/ Conditions of licensee	
Transport Options	x monthly	Signs available & free phone call	
Incident Register	x monthly		
Applicable to Licensees  Managers Register  Acting/ temporary appointments  Notifications to Agencies (Section 231 of SSAA 2012)  Security Arrangements Staff Training Updates			Licensee

Signed:

Position:

Lore Manage

### Staff Training Plan -Affluence Plus Ltd Company / Super Liquor Waikanae

We are committed to providing regular training to staff

Frequency of training	Training Materials Used or Referenced	Who is responsible
X monthly	The Managers Guide 2014	Licensee or Duty Manager
X monthly	Copy of Licence	
X monthly	Policy	
X monthly		
X monthly	The Managers Guide 2014 & The Bar Code book	
X monthly	The Managers Guide 2014, The Bar Code and SCAB intoxication tool; https://www.alcohol.org.nz/resour	
X monthly	The Managers Guide 2014 & The	
X monthly	A STATE OF THE STA	
X Monthly	NZ DL, Passport, Hanz 18+, Kiwi access card	
X monthly	Sale and Supply of Alcohol Act 2012	
Daily or when open for sale of alcohol	SSAA 2012/ Conditions of licensee	
x monthly	Signs available & free phone call	
x monthly		
		Licensee
	training  X monthly	training Referenced  X monthly The Managers Guide 2014  X monthly Policy  X monthly -  X monthly The Managers Guide 2014 & The Bar Code book  X monthly The Managers Guide 2014, The Bar Code and SCAB intoxication tool; https://www.alcohol.org.nz/resour ces/intoxication-assessment-tool-a6  X monthly The Managers Guide 2014 & The Bar Code and SCAB intoxication tool; https://www.alcohol.org.nz/resour ces/intoxication-assessment-tool-a6  X monthly The Managers Guide 2014 & The Bar Code  X monthly Entirely Supervised throughout  X Monthly NZ DL, Passport, Hanz 18+, Kiwi access card  X monthly Sale and Supply of Alcohol Act 2012  Daily or when open for sale of alcohol  x monthly Signs available & free phone call

Position: Assistant Managar







### **DECLARATION OF EVACUATION SCHEME**

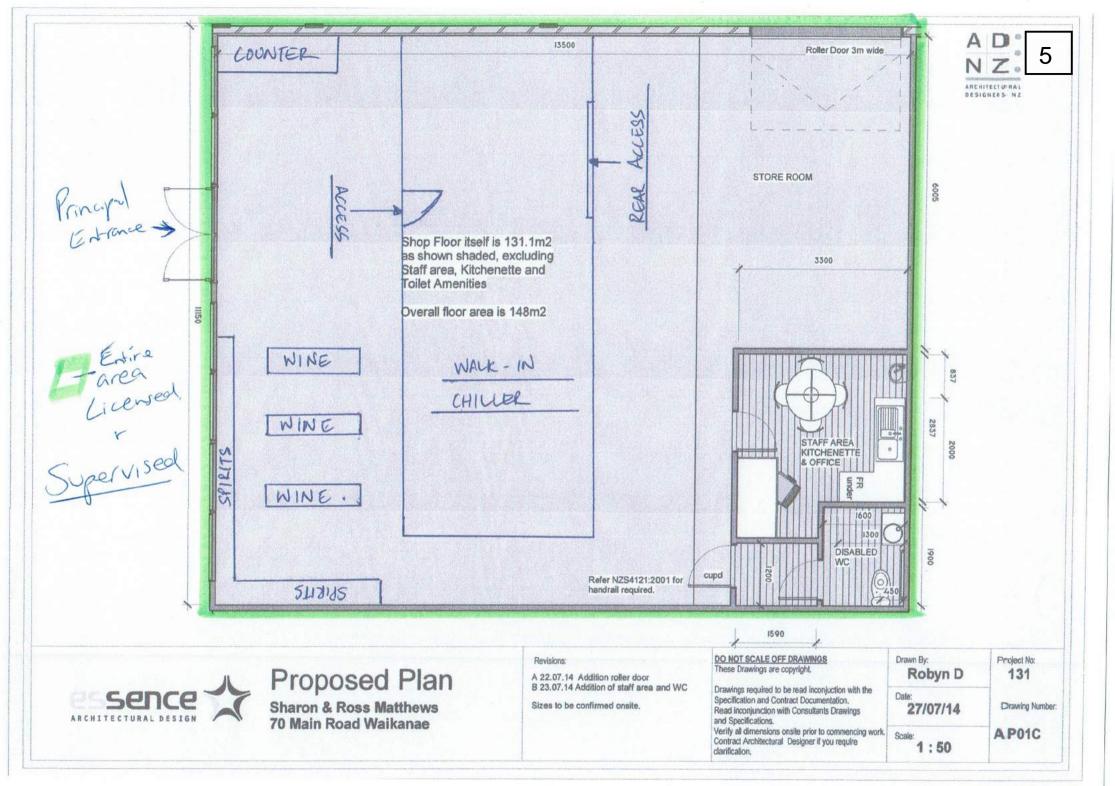
To be used with applications for New, or Renewal of, On, Off and Club Alcohol Licences

45/OFF/016/2019

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

Licence number:

For premises known as:	Super Liquor Waikanae					
Located at:	78 Main Road, Waikanae					
I, (applicant)Helen Gee	e (Agent) on behalf of Affluence Plus LTd (please print)					
Herewith state that: (Pleas	se 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						
• •	Because of the buildings current use, the owner is not required to provide and maintain such a scheme.					
OR						
	the nature of the building, its owner is exempt from the to provide such a scheme.					
Signed:	(applicant)					
Date:19.04.2022						
Please include this declaration	on with your application for forwarding to NZ Fire Service.					
MUST BE CONFIRMED	BY AUTHORISED FIRE SAFETY OFFICER					
Signed:						
Name:	(please print)					
Date:						



4/19/22, 5:55 PM **ASB FastNet Business** 



Printed 05:55 PM 19 Apr 2022

Direct Credit Bulk Payment – Detail Client ID: 230305

**Payment Number Withdrawal Account** 

Due Date

**Particulars** 

Reference

**Authorised By** 

Code

2587

12-3252-0071407-00 19 Apr 2022

Affluence PI

SL Waikanae App and Ann

marika12

**Date Modified Payment Check Total** Import File Check Total

Payment Name Payment Total Status

Debit Type Date Created

Kapiti Coast Council

1449.00 **Fully processed** 

Bulk 19 Apr 2022

DF25A8716A5A8603CD0788B46D367D334E0537AC

Payee Description	Account Number	Amount Particulars	Code	Reference	Due Date	Internal Ref.
Kapiti Coast District Council	03-0732-0306101-00	\$1,449.00 Affluence PI	OFF859	129553	19 Apr 2022	