

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
Email: 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. **Instructions on how to complete this application are attached at the end of the form.**

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.

☐ New Off-Licence

☐ Renewal of Off-Licence

☐ Renewal of Off-Licence with variation of conditions

Licence number:

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 be on licence (if a company, must be company name):

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

4. Applicant Status: by reference to section 28 of Sale and Supply of Alcohol 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:

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:

Mobile:

Email:

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 supermarket, grocery, retail shop (other than grocery), hotel, tavern or other</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 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 licensed hours not trading hours*):

17. Conditions

- Write answer below or attach relevant documents that demonstrate compliance.
- When including attachments please number the documents, circle 'Yes' and write the document number on '#.....'

**Doc attached?
Number.**

Describe experience and training of applicant:

Yes / No
#.....

Describe the type and range of low-alcohol (2.5% ABV) beverages intended to be available for purchase (list the brands):	Yes / No #.....
Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:	Yes / No #.....
Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):	Yes / No #.....
Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:	Yes / No #.....
Describe any actions that have been taken to ensure the good order and amenity of the locality would not be likely to be: <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. 	Yes / No #.....

<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>Action sought: <input type="checkbox"/> Variation <input type="checkbox"/> Cancellation. If Variation, in what respect does the applicant seek to vary the condition?</p> <p>Full reasons for variation or cancellation:</p>		<p>Yes / No</p> <p>#.....</p> <p>#.....</p> <p>#.....</p> <p>#.....</p>
<p>18. Attachments</p> <ul style="list-style-type: none"> When including attachments please number the documents, circle 'Yes' and write the document number on '#.....' 		<p>Doc attached? Number.</p>
<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. <i>The Declaration of Evacuation Scheme template is available on the Council website.</i></p>		<p>Yes / No</p> <p>#.....</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 / No</p> <p>#.....</p>
<p>Copies of all relevant building certificates consents: Please attach certificate to show that the proposed 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></p>		<p>Yes / No</p> <p>#.....</p>
<p>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. <i>The template to be used is available on the Council website.</i></p>		<p>Yes / No</p> <p>#.....</p>
<p>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. <i>If this is a renewal application, include your existing 'approved alcohol licensed area' and check for any changes.</i></p>		<p>Yes / No</p> <p>#.....</p>
<p>Where the premises are a bottle store or tavern, a scale floor plan must be provided showing designations and the principal entrance. <i>If this is a renewal application, include your existing 'approved alcohol licensed area' and check for any changes.</i></p>		<p>Yes / No</p> <p>#.....</p>
<p>Please attach a copy of your Host Responsibility Policy.</p>		<p>Yes / No</p> <p>#.....</p>
<p>For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). <i>Not required for renewal unless there have been changes since the last issue or renewal.</i></p>		<p>Yes / No</p> <p>#.....</p>
<p>Advise if a Crime Prevention Through Environmental Design (CPTED) assessment has been undertaken or any improvements to the design and layout in accordance with CPTED. <input type="checkbox"/> Yes <input type="checkbox"/> No, and if 'Yes' attach a copy. If 'No', complete a CPTED checklist (see HPA and the Ministry of Justice websites for more information).</p>		<p>Yes / No</p> <p>#.....</p>
<p>If the 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></p>		<p>Yes / No</p> <p>#.....</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 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 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.

After your application is lodged**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.

Guidance for Completing Off-Licence Application/Renewal Form

Background

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.

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.

Before lodging application

If your application is for a NEW licence, you must also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council.

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 then 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, bottle store, grocery store, tavern.
10	Criminal Convictions	Convictions of applicant directors or shareholders. 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.