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 4

Received by		
Kāpiti Coast District Council		
at Paraparaumu		
2 8 FEB 2024		
0 1 1 25		
By Sw Time 4.23		
196		

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	☐ Renewal of Off-Licence with variation of conditions
	Licence number:	Licence number:
	45/0FF/004/2020	OGST 51-860-608
2. Endorsements	业务基础的	Received with thanks by 38/01 KAPITI COAST DISTRICT COUNCIL
Tick the appropriate box	if you want an endorsed licence only	28-02-24 16:28 *COPY COPY*695859
☐ Auctioneer	Remote Sales	
3. Details of Applicant DR OFF869 Off li The Independence Colle CQ EFT		The Independence Collective Limited::Th
Full legal name or names to	be on licence (if a company, must be a compa	pany name. The Independence Col 1,000.50
The Independence Collective Ltd.		
Whether licence already he	ld for premises concerned: □▼es □ No, an	nd if 'Yes', state kind of licence
Off-licence.		
4. Applicant Status: by reference to section 28 of Sale and Supply of Alcohol Act 2012		
☐ Natural person(s)		Private Company
☐ Body Corporate		l Public Company
☐ Partnership		Other (please specify)

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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 mo	de of contact:
6. For Applicant that is a Body Corporate, Authority	under which Incorporated		
7. For Applicant that is Not a Natural Person(s), Deta	ails of Contact Person		
Name: Gordon Cumming	Designation/Position:	25	
Telephone:	Designation/Position: Manage	DW	
Mobile: 027 2768516	Preferred mode of contact: e - we		
8. Postal Address for Service			
Number/Street/PO Box: 2 (50	Suburb: Laumati ?	Beach	
City: Pagaamu	Postcode: 5032		
9. Business Details			
Describe principal business, any other businesses			
Online sales ef	alcohol		
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		
11. For a Company whether Incorporated under the Co	ompanies Act 1993 or Equivalent Foreign L	_egislation	
Full Legal Names of Directors:			
Joan Mongaret Cover	•		
Joan Mongaret Cover Donna Witchell Suzanne Kay Win			
suzanne Kay Win			

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12. For a Private Company Incorporated under the	Companies Act 1993		
Authorised capital:	Paid up capital:	Paid up capital:	
Name: The Independence Colle	Address: Street number 1/21		
Name: The Independence Colle Street: Thankara St	Suburb: Paralarany		
City:	Suburb: Postcode: 5032		
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 (/21	Street: Ihakara St		
Suburb:	Street: Thakera St City: Paragramma Postcode: 503 e: Change Maker Beer		
Trading Name: Change Maker Beer			
If not Owned by Applicant:			
Tenure: (state whether to be held as leasehold, or under	enancy agreement or licence)		
Full legal name of owner:			
Address: Number	Street:		
Suburb:	City: Postcode:		
Type: state whether grocery, hotel, retail shop (other than grocery), or tavern			
Is the licence conditional on completion of building work: □ Yes □ No, and if "Yes", state details:			

15. Details of Duty Manager(s)/Proposed Manager(s) If more than two certified manager	rs please attach details sepa	nrately
Full legal name: andon James Chuming		
Number of manager's certificate: 45/CERT/841/2020	Expiry Date: 24 Ju	~e 2024
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: No, and a business (for example: sale of alcohol, sale of food; entertainment; accommodation).	advise the intended principal	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: No - and if "Yes", advise the nature of other goods or services. This is to a provided are compatible with the sale of alcohol. Branded Morchard & - ke-shits	of alcohol and non-alcoholic	refreshments, and
State the days and hours proposed for sale of alcohol (this is your current licensed hours not Monday - Saturday 9am - 5.30pm	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 write the document number on '#' 	า circle 'Yes box and	Doc attached? Number.
Describe experience and training of applicant: I have been managing Change Maker 5 years as an enline it trade business. I hold a duty manage it have been present in this con mumber of trade slows. I also run and are responsible for ensuring I in local requirements to sell alcohol of	Sales	Yes / No #

Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:	Yes / No
Down mebsite requests that anyone entering the site be over the age of 18 years. This happens on	
every entry. It also requires age verification at the point of checkout. We partner with N.Z. couriers who require	è
signature for all packages delivered. This is set as the default when we print our tickets. No courier policy is than a radioid want must be over 10 years to sign for a package	^
Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices): We do not west owned out do attend	Yes / No #
trade slows and food fairs, we ensure all signage is	
present at our stand and I, as duty marger, attendall events.	
We do not discount enline sales below 20 percent. Pronotional makerals go to database members who re	
Monstional markerels go to database neutres who re	
Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:	Yes / No #
All staff attending trade shows are taken through	#
the Intoxication Assessment Tool (SCAB) prior to	
no/King the show.	
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 research to the licence.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
increased, by more than a minimal extent, by the refusal to renew the licence.	
For Licence Renewal Only: Describe any conditions of the licence the applicant seeks to vary or cancel:	Yes / No
To be filled in for each condition the applicant seeks to vary or cancel – attach additional pages as necessary Terms of condition at present:	#
	# #
	#

Action sought: Cancellation. If Variation, in what respect does the applicant seek to vary the condition?	
Full reasons for variation or cancellation:	
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.
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 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. Not required for renewal unless structural changes have been undertaken since the last issue or renewal.	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 No, 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).	
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. Not required for a renewal unless the lease or ownership arrangements have changed	Yes / No #

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Name: IHC Incorporated.	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:	
Name: Suburb:	Address: City:	
Suburb:	City:	Signature:
Suburb: Postcode:	City: Date of birth:	Signature:
Suburb: Postcode: Place of birth:	City: Date of birth: Date:	Signature:
Suburb: Postcode: Place of birth: Name:	City: Date of birth: Date: Address:	Signature:

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21. Signature of Applicant (this must be signed by applican	t not their agent)
I authorise New Zealand Police to disclose any personnel Medical Officer of Health and/or the Licensing Inspe	onal information it considers relevant to my application to the ctor for the purpose of assessing my suitability.
Name: Gordon Cumming	
Name: Gordon Cumming Date: 26/2/204	Signature:
Dated at location:	
Privacy Statement	
to enable your application to be processed under the made available to the public on request. The information Committee, the NZ Police, the Medical Officer of Heat form part of a public hearing of your application before used 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 acceptable.	applications and the District Licensing Committee's decisions ut 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 applica	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 Accanal and a second a second and a second a	count Number: 03-0732-0306101-00) and quoted my name and
☐ I have included proof of electronic payment wi	th this application.
☐ I have enclosed a cheque with this form.	
How I would like to receive my alcohol licence (pleas	se select <u>one</u> only)
I will collect my alcohol licence – please contact me	e 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.
- 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 C	ategories	
□ Very Low	☐ High	
□ Low	☐ Very High	
☐ Medium		
Application Fee Payable: \$	Signature of Licensing Inspector	
Name of Licensing Inspector	Date:	

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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

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.

You should also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council.

Coi	npleting 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.

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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 sent 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.

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Fire Evacuation Statement

This statement must be accompanied with all new or renewal applications for on-licence (including BYO licences), off-licence, special and club licences in accordance with section 100 and 127 of the Sale and Supply of Alcohol Act 2012.

1. Applicant details

Premises name:	IDEA Services
Applicants name: (Individual or Company)	The Independence Collective
Premises address:	21 Ihakara Street Paraparaumu
Contact phone:	Home: Mobile: 027 276 8516
Contact email:	theicnz@gmail.com

2. Fire evacuation scheme

Most commonly a building requires an evacuation scheme because it is used for the following purposes:

- The gathering together, for any purpose of 100 or more persons:
- Providing employment facilities for 10 or more persons:
- Providing accommodation for more than 5 persons (other than in 3 or fewer household units):
- Storing or processing hazardous substances in quantities exceeding the minimum amounts prescribed in Schedule 3 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018.

See Fire and Emergency New Zealand Act 2017 section 75 and 76 for further information.

If you are unsure that the building has or requires an approved evacuation scheme, check with the **building owner**. For the requirements of an evacuation scheme or to apply for an evacuation scheme, refer to Fire and Emergency New Zealand web site. **www.fireandemergency.nz** or Contact Fire and Emergency New Zealand, wellingtondistrict-rrteams@fireandemergency.nz.

Statement

I hereby state that (tick one):

V

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 building's current use, its owner is not required to provide and maintain such a scheme;

OR

because of the nature of the building, its owner is exempt from the requirement to provide and maintain such a scheme.

NOTE:

If an approved evacuation scheme is not required, the building must have evacuation procedures that meet Part 1 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018 – this does not require approval by Fire and Emergency New Zealand.

Name:	Gordon Cumming
Signature:	
Date:	29/02/2024

Submitting applications

Email completed forms to: licence.application@kapiticoast.govt.nz

Post to: or deliver to:

Alcohol Licensing Team

Kāpiti Coast District Council Kāpiti Coast District Council

Private Bag 60601 175 Rimu Road

Paraparaumu 5254 Paraparaumu

Area Office Evacuation Plan 21 Ihakara Street, Paraparaumu

In the event of a fire or alarm sounding:

- Evacuate immediately to assembly point, in Carters' car park on the opposite side of the road from the office.
- Fire warden to check all areas (reception/managers' office area/meeting rooms/training room).
- Take cell phone.
- Take visitors book from reception desk.
- No one is to re-enter the building until the all clear is given.

Dial 111 – Direct the appropriate emergency service to Unit 1, 21 Ihakara Street, Paraparaumu

At the end of every day:

- Close all facility doors before last person leaves the building.
- Ensure all documents are secured in case of earthquakes.

Evacuation Procedure

Julie Badley (Fire Warden) Annabel Donnini (Backup Warden)	Staff based in the Area Office: Louise Trilloe (Area Manager), Sarah Downey (Admin Manager), Julie Badley, Annabel Donnini, Brittney Bridgeman, Kathy Leach, Karen Macilquham, Kate Marsh, , Gordon Cumming, Linda Hackworthy. In the event of an emergency all staff to evacuate via the closest exit and go to Carters' car park on the opposite side of the road. When leaving the office in normal circumstances, let receptionist know and sign out using the in/out whiteboard.
Training room	Trainer to take attendance register. Direct all trainees to evacuate the building via the training room's exterior doors. If it is not possible, exit via the internal door. Go to the assembly point in Carters' car park on the opposite side of the road.
Visitors	All visitors are to sign the reception visitors book upon arrival and departure.

In the event of a fire:

• If a person is overwhelmed by the circumstances and cannot be convinced to evacuate, the person providing assistance will prioritise their own safety and the safety of any others willing but requiring help to evacuate.

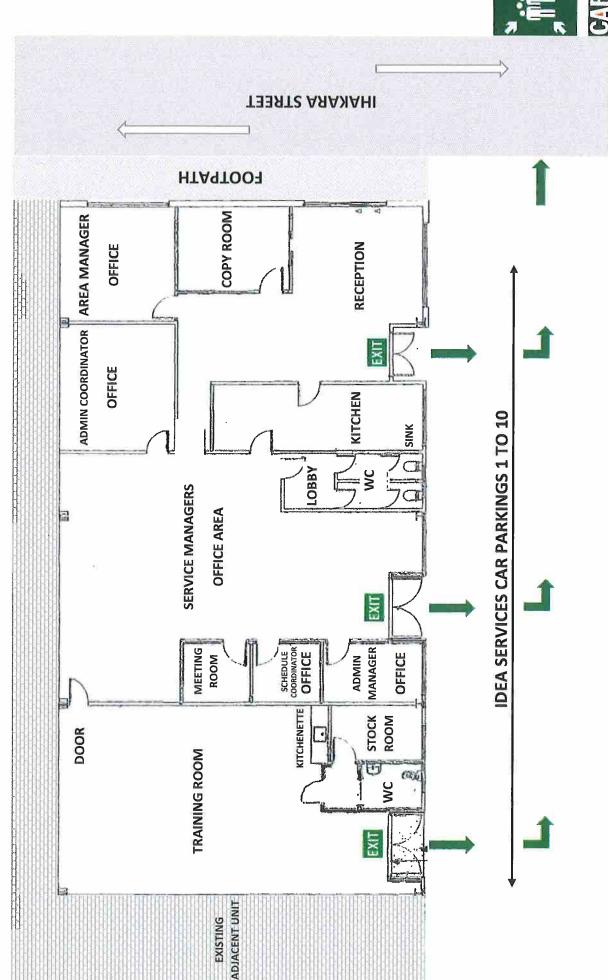
During a trial evacuation

Record evacuation dates and time and note any issues that arise.



AREA OFFICE

Unit 1, 21 Ihakara Street, Paraparaumu



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