

# APPLICATION FOR ON-LICENCE OR RENEWAL OF ON-LICENCE



## Form 3, 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

Received  
Kāpiti Coast District Council  
at Paraparaumu  
28 APR 2022  
By Jette Time 3-10

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 particular set out below:

### 1. Application Type

☒ New On-Licence

☐ Renewal of On-Licence

Licence number: 02841

☐ Renewal of On-Licence with variation of conditions

Licence number:

### 2. Endorsements

Tick the appropriate box if you want an endorsed licence only

☐ Allow BYO

☒ On-Licence plus Caterer's On-Licence

☐ BYO Licence only

☐ Caterer's On-Licence only (no restaurant)

### 3. Details of Applicant

Full legal name or names to be on licence (if a company, must be company name):

ISCE OT MEAT LIMITED

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

ON-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: IVEIT KELEKES

Any aliases (and/or maiden name):

Usual residential address: Number 111

Street: MAIN ROAD NORTH

Suburb: UNDALE VILLAGE

City: PARAPARAUMU

Postcode: 8036

Sex: FEMALE

Occupation: OWNER / OPERATOR

Date of birth: 3/02/1975

Place of birth: HUNGARY

Telephone: 021 0766 724

Mobile: 021 0766 724

Email: ivettkelkes@icloud.com

Preferred mode of contact: 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:

Email:

Mobile:

Preferred mode of contact:

**8. Postal Address for Service:**

Number/Street/PO Box: 111 MAIN ROAD NORTH

Suburb: UNDALE VILLAGE

City: PARAPARAUMU

Postcode: 8036

**9. Business Details:**

Describe principal business, any other businesses

HOSPITALITY

**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: IVEIT KELEKES



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

Authorised capital: (11ETI KOLETES)	Paid up capital:
Name: ISLE OF MEAT LTD	Address: Street number
Street: 111 MAIN Rd NORTH	Suburb:
City: PARAPARAUMU	Postcode: 5036
Date of birth: 3/02/1975	Place of birth:
Designation: OWNER / MANAGER	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 (if not a Conveyance)**

Address: Number	Street:	
Suburb:	City:	Postcode:
Trading Name:		
<b>If not Owned by Applicant:</b>		
Tenure: (state whether to be held as leasehold, or under tenancy agreement or licence)		
Full legal name of owner: GREGORY RUDINGS		
Address: Number 10	Street: GEORGE GEE STREET	
Suburb:	City: WELLINGTON	Postcode:
Is the licence conditional on completion of building work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, and if "Yes", state details:		

**15. Details of Conveyance**

Kind: (eg, ship, railway carriage, bus, etc)
Tenure: (state whether owned by applicant, or to be operated under charter, lease, or licence)

<b>If not Owned by Applicant:</b>		
Full legal name of owner:		
Address: Number	Street:	
Suburb:	City:	Postcode:
Any registration number:		
Any home base address:		
Any name used or proposed for conveyance:		
Is the licence conditional on completion of construction work: <input type="checkbox"/> Yes <input type="checkbox"/> No, and if "Yes", state details:		
<b>16. Details of Duty Manager(s)/Proposed Manager(s)</b> <i>If more than two certified managers please attach details separately</i>		
Full legal name: <u>NOT RELEVANT</u>		
Number of manager's certificate:	Expiry Date:	
Full legal name:		
Number of manager's certificate:	Expiry Date:	
<b>17. Business Details</b>		
State the general nature of the business to be conducted by applicant in the premises if licence granted: <i>(for example, hotel, tavern, restaurant, entertainment/nightclub)</i>		
<u>HOSPITALITY : CATERING RESTAURANT</u>		
Is the sale of alcohol intended to be the principal purpose of business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, and advise the intended principal purpose of business <i>(for example: sale of alcohol, sale of food; entertainment; accommodation)</i> .		
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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.		
<u>FOOD SERVICE (pubs etc)</u>		



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

Restaurant Monday to Sunday 8am to 11pm -  
Endorsed Catering Monday to Sunday 8am to 4am the following day

Do you have an encroachment licence to consume alcohol on footpath: ☐ Yes ☒ No If 'Yes', please attach and number #.....

#### 18. Conditions

Doc attached?  
Number.

- 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 '#.....'

Describe experience and training of applicant:

WORKING IN THE POSITION FOR 5 YEARS  
IN NZ, 25 YEARS INTERNATIONALLY

Yes / No  
#.....

Describe the type and range of food intended to be available for purchase:

RESTAURANT DISHES  
FINGER FOOD  
CHEESE + CHARCUTERIE

Yes / No  
#.....

Describe the type and range of non-alcoholic beverages intended to be available for purchase:

JUICES  
BLANDED  
SOPA (COFFEE, STRIKE -- RANGE)  
HEIDEN '00'  
BILKA KLOPPEN ZALCO

Yes / No  
#.....

Describe the type and range of low-alcohol beverages intended to be available for purchase:

HEIDEN LIGHT  
AMSTER LIGHT  
PERONI LIGHT

Yes / No  
#.....

Describe to what extent, and where, drinking water is intended to be freely available to patrons (if no access to mains water supply, also advise the potability of water intended to be available):

'FREE WATER' SIGN

Yes / No  
#.....

Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:

ASK FOR ID (IF THEY LOOK UNDER 25) <sup>NO</sup> EXCEPTION!

Yes / No

#.....

Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):

PROMOTING LOW OR NON-ALCOHOLIC BEVERAGES  
+ FOOD FOR PREVENTING INTOXICATION  
MONITORING CUSTOMER'S ALCOHOL CONSUMPTION

Yes / No

#.....

Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:

- 1) ID CHECK
- 2) MONITORING ALCOHOL CONSUMPTION
- 3) OFFERING FOOD / NON-ALCOHOLIC DRINKS
- 4) RECOGNIZING INTOXICATED BEHAVIOUR
- 5) REFUSE ALCOHOL SERVICE (IF INTOXICATED DRINKS)
- 6) REMOVE CUSTOMER TO A SAFE PLACE (CALL A CAB ...)

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:

- 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.

*This includes issues such as noise (including amplified music, people in outdoor areas or arriving or leaving premises), the effects on sensitive users within locality such as pre-schools, schools and medical centres:*

(NO RESIDENTIAL HOUSES CLOSE BY)

Yes / No

#.....

**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:

HOURS 11AM – 11PM (NO CHANGES)

Action sought: ☐ **Variation** ☐ **Cancellation.** If Variation, in what respect does the applicant seek to vary the condition?

Yes / No

#.....

#.....

#.....

#.....

Full reasons for variation or cancellation:



<b>19. Attachments (if Not a Conveyance)</b> <ul style="list-style-type: none"> <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>	<b>Doc attached? Number.</b>
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 10.</i>	Yes / No #.....
Copy of planning consent: Please attach certificate that 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>	Yes / No #.....
Copies of all relevant building certificates consents: Please attach certificates that show 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 #.....
A scale floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and the principal entrance. <i>Not required for renewal unless changes have been made since the last issue or renewal.</i>	Yes / No #.....
For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / No #.....
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, and if 'No' complete a CPTED checklist (see HPA and the Ministry of Justice websites for more information).	Yes / No #.....
Please attach a photograph or artist's impression of the exterior of the premises or proposed premises. <i>Not required for renewal unless major changes have been undertaken since the last issue or renewal.</i>	Yes / No #.....
Please attach a map showing the location of the premises. <i>Not required for renewal.</i>	Yes / No #.....
For the following documents, if they are already attached in response to a previous section you do not need to provide twice. Just circle the Yes and repeat the document number you have given it.	
Please attach a copy of your Host Responsibility Policy. <i>Not required for a renewal unless there have been significant changes since the last issue or renewal.</i>	Yes / No #.....
Please attach a copy of a sample menu. <i>Not required for a renewal unless there has been a significant change in the range and nature of the food offered since the last issue or renewal.</i>	Yes / No #.....
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 licence to this premise. <i>Not required for a renewal unless the lease or ownership arrangements have changed.</i>	Yes / No #.....



## 20. Attachments (Conveyance)

Doc attached?  
Number.

- When including attachments please number the hard copies, and in the first column circle 'Yes box and write the document number on '#.....'
- For renewal applications you only need to attach copies if there have been changes from the last version you provided to the DLC

Floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area. <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / No #.....
For body corporate applicant, copy of certificate of incorporation (or equivalent document). <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / No #.....
Please attach a photograph or artist's impression of the exterior of the conveyance. <i>Not required for renewal unless major changes have been undertaken since the last issue or renewal.</i>	Yes / No #.....
For the following documents, if they are already attached in response to a previous section you do not need to provide twice. Just circle the Yes and repeat the document number you have given it.	
Please attach a copy of your Host Responsibility Policy. <i>Not required for a renewal unless there have been significant changes since the last issue or renewal.</i>	Yes / No #.....
Please attach a copy of a sample menu. <i>Not required for a renewal unless there has been a significant change in the range and nature of the food offered since the last issue or renewal.</i>	Yes / No #.....
If the conveyance is 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 conveyance. <i>Not required for a renewal unless the previous lease has expired.</i>	Yes / No #.....

## 21. 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: JEN KEEVES	Address: 111 MAIN ROAD NORTH
Suburb: LINDALE	City: PALAPALAMU
Postcode: 3036	Date of birth: 6/07/1971
Place of birth: HUNGARY	Designation: OWNER / MANAGER
Name: ANDRAS ASZLO	Address: 111 MAIN ROAD NORTH
Suburb: LINDALE	City: PALAPALAMU
Postcode: 3036	Date of birth: 06/07/1971
Place of birth: HUNGARY	Designation: OWNER / MANAGER
Name:	Address:
Suburb:	City:
Postcode:	Date of birth:
Place of birth:	Designation:

Are additional sheets attached? Yes / No - Doc number #.....



## 22. 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 #.....

## 23. 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:	IETT KEREKES	
Date:	6/05/2022	Signature: IETT
Dated at location:	LINDALE	

## 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)

<input checked="" type="checkbox"/> I have paid at a Kāpiti Coast District Council Service Centre when I delivered this application.
<input type="checkbox"/> 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

**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**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Very Low | <input type="checkbox"/> High      |
| <input type="checkbox"/> Low      | <input type="checkbox"/> Very High |
| <input type="checkbox"/> 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:	ON 481
For premises known as:	AREIL HUNGARIAN RESTAURANT
Located at:	LINDALE VILLAGE

I, (applicant) KEAT VALES (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: hcott (applicant)

Date: 6/05/2022

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: .....

# Host Responsibility Policy

The management and staff of ANZIL CAFE/RESTAURANT/DELI have a responsibility to provide an environment that is not only comfortable and welcoming, but where alcohol is served and consumed responsibly.

Because of this, we have implemented the following Host Responsibility policy:

- We provide and actively promote a good range of food available for sale at all times. Menus are visible at all times.
- We provide and actively promote a range of low-alcohol and non-alcoholic drinks, including (insert your own choices eg, low-alcohol beer, fruit juices, soft drinks, tea and coffee).
- Iced water is attractively presented and available free of charge at all times.
- It is against the law to serve alcohol to minors. If we are in doubt about your age, we will ask for identification. Acceptable forms of proof of age are a current photo driver's licence, an 18+ Evidence of Age card or a current passport.
- Customers who are visibly intoxicated will not be served alcohol, will be asked to leave the premises and will be encouraged to take advantage of safe transport options.
- Our policy is zero tolerance for aggressive, coercive or violent behaviour.
- We promote a range of transport options to get you home safely.
- We encourage people to have a designated driver. We will make the driver's job more attractive by providing an interesting range of alcohol-free drinks.
- We make sure all of these services are well promoted - you won't have to go looking for them.
- We maintain a training and management policy to give our staff the skills and support they need to do their job responsibly.

Please be our guest and take advantage of the services we offer.

We pride ourselves on being responsible hosts.



# PartyPerfect Catering list of Drinks

Non-alcoholic fruit punch (unlimited)

Fruit juices

LOW ALCOHOL beer

(Heineken Light...)

NO ALCOHOL beer

(Heineken 00, Birra Morretti ZERO...)

Beer

Panhead, Tuatara, Corona, Heineken, Stella Artois....

Wine

RED

Malbec, Pinot Noir, Merlot, Montepulciano, Cabernet Sauvignon ...

WHITE

Pinot Gris, Sauvignon Blanc, Chardonnay, Viognier, Sparkling Wine...

ROSE

Coffee/Tea (unlimited)

ANZIL, HUNGARIAN RESTAURANT, LINDALE

MENU

MAINS \$22/each/person

Marinated WAGYU Beef Brisket (GF/DF)

Tender Pork belly with Apple sauce (GF/DF)

Roasted Venison with cashew-berry sauce (GF/DF)

Slow cooked Beef with peppercorn sauce (GF/DF)

Lamb marinated with garlic and rosemary served with gravy (GF/DF)

Chicken thighs wrapped in bacon (GF/DF)

Fillet of Salmon with sumac, orange (GF/DF)

Cannelloni stuffed with spinach and ricotta, cooked in tomato sauce topped with Parmesan Cheese  
(vegetarian)

Cannelloni stuffed with pumpkin and feta cooked in Bechamel sauce topped with Mozzarella Cheese  
(vegetarian)

Vegetable Bake with layers of zucchini, tomato, eggplant, mushroom, red onion, pan fried capsicum and  
smoked Trappist cheese (vegetarian)

SIDES \$9/each/person

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SIDES \$9/each/person

Gourmet potato finished with parsley butter (GF/DF/vegetarian)

Raw broccoli Salad with toasted sesame, pumpkin, sunflower seeds, red onion, celery, cranberry, mayo vinaigrette (GF/DF/vegetarian)

Oven baked Cauliflower, green bean with cheese sauce (GF/vegetarian)

Asparagus, Avocado, shaved Almond salad with lemon oil (seasonal) (GF/DF/vegetarian)

Baby Cos Salad with tomato, cucumber, red onion and sesame dressing (GF/DF/vegetarian)

Green Bean, Apple and red onion Salad (GF/DF/vegetarian)

Baby carrots finished with butter (GF)

Homemade Sourdough Ciabatta and butter (does not count as side, comes automatically)

DESSERT \$10/each

Baked New York Cheesecake with berry coulis and fresh whipped cream

Dark chocolate mousse layered with fresh cream (GF)

Tiramisu

Pavlova with seasonal fresh fruit and fresh cream

Sicilian Lemon Tart

Morello Cherry Tart

Petit Fours (bite size sweets)

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## FIRE

**IF YOU  
DISCOVER FIRE**

**DO**

- Activate nearest Fire Alarm
- Phone fire brigade – dial 111
- Evacuate building

**IF THE FIRE  
ALARM RINGS**

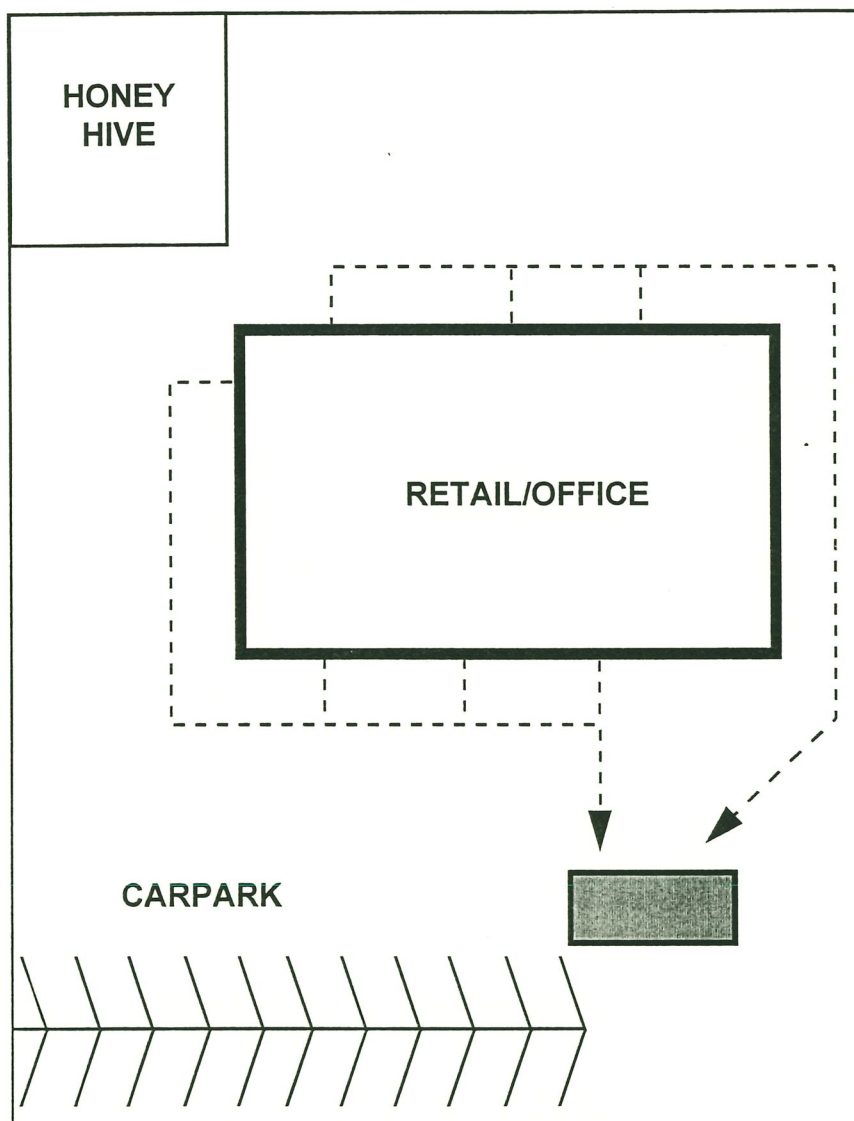
**DO**

- Evacuate the building using the nearest Fire Exit
- Help disabled people to a safe area
- Follow all instructions given by wardens
- Use fire-fighting equipment only if no danger involved

**DO NOT**

- Use lifts (if applicable)
- Run

**ASSEMBLY AREA(S)**



## EARTHQUAKE

- Move away from windows
- Take shelter under doorway or solid furniture
- If instructed to vacate – follow evacuation procedures
- Follow all instructions given by civil defence officers or floor wardens
- Fire alarms may be activated during an earthquake. Await instructions from wardens prior to vacating building

## BOMB THREAT

- Follow instructions from Floor Wardens, Security Staff or Police Officers
- When evacuating take personal belongings with you
- Refer to emergency procedures manual for instructions following telephone threat or location of suspicious object

**SAFETY  
First**



## Antoinette Bliss

**From:** Antoinette Bliss  
**Sent:** Thursday, 5 May 2022 8:00 AM  
**To:** ivettkerekes@netscape.net  
**Cc:** Antoinette Bliss  
**Subject:** Application for On Licence Renewal

Good morning Ivett

Unfortunately I am not able to accept the application submitted as it is not filled in correctly, very few pages are filled in.

Pages 3 to 6 are not filled in.

It does not list current licensed hours (this is not trading hours)

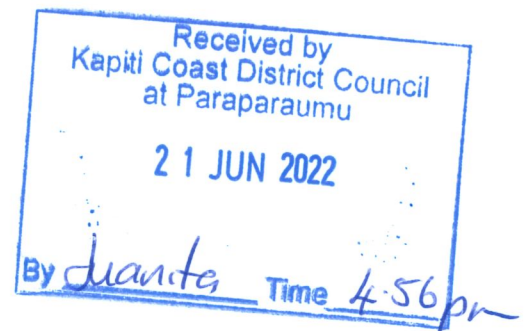
No duty managers listed.

No conditions requirements are filled in.

Fire evacuation scheme form not completed.

I will also require a drinks and food menu with pricing please.

Kind regards. Ant



**Antoinette Bliss**  
Alcohol Licensing Officer  
Te Āpiha Kaiwhiringa Waipiro

Tel 04 296 4695  
Mobile 027 5555 695



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