

# APPLICATION FOR TEMPORARY AUTHORITY



## Form 16, Section 136, 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

<b>For Council use</b>
File #

This application for temporary authority to carry on the sale and supply (or delivery) of alcohol is made in accordance with the details set out below:

**1. Details of Applicant** *(The applicant is the entity that takes the profit from alcohol, generally this is a company, incorporated society or partnership)*

Full legal name:		
Occupation:		
Usual residential address: Number	Street	
Suburb	City	Postcode
Telephone:	Mobile:	Fax:
Email:	Website:	Preferred mode of contact:

**2. Postal address for service (if different from above)**

Number/Street/PO Box:	Suburb:
City:	Postcode:

**3. Details of Licence**

Type of licence  On-licence  Off Licence Licence Number #.....

**4. Date applicant officially takes over premises**

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**5. Details of Premises (if not a Conveyance)**

Address: Number	Street:	
Suburb:	City:	Postcode:
Any name, trading name, or name of building:		

6. Details of Conveyance		
Type: (eg, ship, railway carriage, bus, etc)		
Address of home base: Number	Street:	
Suburb:	City:	Postcode:
Trading or other name:		
7. Further details <i>If applicant is not the owner, attach building owner approval</i>		
State what right, estate, title or interest the applicant has:		
<ul style="list-style-type: none"> <li>In any premises (or conveyance) to which the application relates:</li> </ul>		
<ul style="list-style-type: none"> <li>In any business conducted in the premise (or conveyance) to which the application relates:</li> </ul>		
8. Further details where applicant is a company or partnership		
Date of Incorporation:	Place of Incorporation:	
<b>Full Details of each Director / Partner:</b>		
Name:	Designation/position held:	
Address:	Date of birth:	
	Place of birth:	
Name:	Designation/position held:	
Address:	Date of birth:	
	Place of birth:	
Name:	Designation/position held:	
Address:	Date of birth:	
	Place of birth:	
9. Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' state your full legal name (not company name) and details below. If 'No' state the name and contact details of the person who will be running the business for you.		
Full legal name:		
Occupation:		
Address: Number	Street:	
Suburb:	City:	Postcode:

**10. What are the reasons for the application?**

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**11. 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.

Notes

- 1 This form must be accompanied by the prescribed fee.
- 2 The District Licensing Committee may require notice of the application to be given to any person or persons it may state.

**For Office Use: Customer Service Desk Checklist:**

Fee has been paid

Attachments checked?

CSO has checked that all identified (*Yes/No Ref # .....*) attachments are attached OR

CSO has NOT checked that all identified documents are attached

Signature of CSO \_\_\_\_\_ Date: \_\_\_\_\_