

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
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 included 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.

- | | | |
|---|---|--|
| <input type="checkbox"/> New On-Licence | <input type="checkbox"/> Renewal of On-Licence
Licence number: | <input type="checkbox"/> Renewal of On-Licence with variation of conditions
Licence number: |
|---|---|--|

2. Endorsements

Tick the appropriate box if you want to add an endorsement to the licence

- | | |
|--|---|
| <input type="checkbox"/> Allow BYO | <input type="checkbox"/> On-Licence <u>plus</u> Caterer's On-Licence |
| <input type="checkbox"/> BYO Licence <u>only</u> | <input type="checkbox"/> Caterer's On-Licence <u>only</u> (no restaurant) |

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 or conveyance 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

- | | |
|--|--|
| <input type="checkbox"/> Natural person(s) | <input type="checkbox"/> Private Company |
| <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Public Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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 (if not a Conveyance)

Address: Number	Street:	
Suburb:	City:	Postcode:
Trading Name:		

If not Owned by Applicant:

Tenure: *(state whether to be held as leasehold, or under tenancy agreement or licence)*

Full legal name of owner:

Address: Number	Street:	
Suburb:	City:	Postcode:

Is the licence conditional on completion of building work: ☐ **Yes** ☐ **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)*

If not Owned by Applicant:

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: ☐ **Yes** ☐ **No**, and if "Yes", state details:**16. 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:

17. Business DetailsState the general nature of the business to be conducted by applicant in the premises if licence granted: *(for example, hotel, tavern, restaurant, entertainment/nightclub)*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*):

Do you have, or require, a Trading in Public Place licence to permit consumption of alcohol on footpath: ☐ **Yes** ☐ **No** If 'Yes', please attach and number #.....

18. 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 food intended to be available for purchase:

Yes / No
#.....

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

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 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):

Yes / No
#.....

Full reasons for variation or cancellation:		
19. Attachments (if Not a Conveyance) <ul style="list-style-type: none"> When including attachments please number the documents, circle 'Yes' 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. <i>The Declaration of Evacuation Scheme template is available on the Council website.</i>		Yes / No #.....
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>		Yes / No #.....
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>		Yes / No #.....
A scale floor plan showing the licensed area and, if applicable, each area to be designated as a supervised area or restricted area, and the principal entrance. <i>If this is a renewal application, include your existing 'approved alcohol licensed area' and check for any changes.</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 (<i>see HPA and the Ministry of Justice websites for more information</i>).		Yes / No #.....
Please attach a photograph or artist's impression of the exterior of the 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.		Yes / No #.....
Please attach a copy of a sample food menu.		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 a licence for the proposed premises. <i>Not required for a renewal unless the lease or ownership arrangements have changed.</i>		Yes / No #.....

20. Attachments (Conveyance)		Doc attached? Number.
<ul style="list-style-type: none"> When including attachments please number the documents, circle 'Yes' and write the document number on '#.....' 		
A scale floor plan showing the licensed area and, if applicable, each area to be designated as a supervised area or restricted area, and the principal entrance.		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.		Yes / No #.....
Please attach a copy of a sample food menu.		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 when Applicant is a Company <i>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.</i>		
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 #.....		

22. Further details when 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:

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 the alcohol licence – please contact me when it is ready by ☐ Phone or ☐ Email
- OR
- ☐ Please email the 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 On-Licence Application 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 for a NEW licence is regarding 'premises - not a conveyance', you must also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council. A '*conveyance*' means an aircraft, coach, ferry, hovercraft, ship, train, or other vehicle, used to transport people.

Completing your application		Who should complete which fields
1	Type of Application	All applicants to complete.
2	Endorsements	Only complete if seeking an endorsement for BYO or Caterer. This is for restaurants who only allow BYO and caterers who also have a restaurant or only cater.
3	Details of Applicant	All applicants to complete. If a company receives 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. Complete all sections.
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. Complete all sections.
8	Postal Address for Service	All applicants to complete.
9	Business Details	What is your principal business? For example restaurant, entertainment centre, sale of alcohol (ie 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 (if not a conveyance)	<p>All applicants must complete either 14 or 15.</p> <p>A '<i>conveyance</i>' is <i>premises</i> which are used to transport people such as an aircraft, coach, ferry, hovercraft, ship, train, or other vehicle.</p> <p>A '<i>premises - not a conveyance</i>', are any other type of premises (building) for which you are seeking a licence.</p>
15	Details of Conveyance	
16	Details of Duty Manager(s)/Proposed Managers	All applicants to complete. If more than 2 please attach details separately.
17	Business Details	All applicants to complete.

18	Conditions	All applicants to complete.
19	Attachments (if not a conveyance)	All applicants must complete either 19 or 20 (see 14/15).
20	Attachments (conveyance)	
21	Further Details where Applicant is a Company	Only complete if private or public company.
22	Further Details where Applicant is a Partnership	Only complete if a partnership.
23	Signature of Applicant	All applicants to complete.