APPLICATION FOR ON-LICENCE OR RENEWAL OF ON-LICENCE

Kāpiti Coast DISTRICT COUNCIL
Me Huri Whakamuri, Ka Titiro Whakamua

Form 3, sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

Received by
Kapiti Coast District Council
at Waikanae
17 OCT 2025
By JONES Time 12:50

For Council use
File #

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

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.

☐ New On-Licence	☑ Renewal of On-Licence Licence number: 451 ON 070/2024	☐ 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

☐ Allow BYO
☐ BYO Licence only
☐ On-Licence plus Caterer's On-Licence
☐ 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):
NEW SHORELINE CINEMA LTD

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*

☐ Natural person(s)
☐ Body Corporate
☐ Partnership
☐ Private Company
☐ Public Company
☐ 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: PETER AVERY	Designation/Position: OWNER
Telephone: 04 902 8070	Mobile: 027 444 6804
Email: peter@shoreline cinema . co. nz	

8. Postal Address for Service	
Number/Street/PO Box: 414	Suburb: WAIKANAE
City:	Postcode: 5036

9. Business Details

Describe principal business, any other businesses

CINEMA - CAFE

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:

PETER GLYN AVERY

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 10	Street: MAHARA PLACE	
Suburb: WAIKANAE	City:	Postcode: 5036
Trading Name: SHORELINE CINEMA.		
If not Owned by Applicant:		
Tenure: (*state whether to be held as leasehold, or under tenancy agreement or licence*) RENTAL AGREEMENT		
Full legal name of owner: BARRY LESLEY HERBERT.		
Address: Number 18	Street: GARDEN ROAD.	
Suburb:	City: RANMATI	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: PETER GLYN AVERY	
Number of manager's certificate: 45/CERT/117/2024	Expiry Date: 6-NOV-25
Full legal name:	
Number of manager's certificate:	Expiry Date:

17. Business Details

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

CINEMA – CAFE

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)*.

CINEMA.

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.*

CINEMATIC EXPERIENCE

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

MONDAY - SUNDAY - 10:00AM - 11:00 PM.

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: 11+ YEARS OWNER MANAGER.	Yes / No #.....
Describe the type and range of food intended to be available for purchase: COFFEE, SCONES, MUFFINS, CAKES, TARTS NUTS, SWEETS, CRISPS	Yes / No #.....
Describe the type and range of non-alcoholic beverages intended to be available for purchase: SOFT DRINKS FRUIT JUICES TEA COFFEE	Yes / No #.....
Describe the type and range of low-alcohol (2.5% ABV) beverages intended to be available for purchase (list the brands): LOW ALCOHOL LAGER IN BOTTLES	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): CHILLED WATER OFFERRED.	Yes / No #.....

Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people: – PROMINENT DISPLAY OF RESTRICTION POSTERS – DUTY MANAGER LABEL DISPLAY	Yes / No #.....
Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices): CAREFUL OBSERVATION OF CUSTOMERS BEHAVIOR AND RESPONSES	Yes / No #.....
Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act: AWARENESS OF HOLIDAY TRADING RESTRICTIONS – EASTER, ANZAC DAY ETC	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:* CONTINUED SUCCESSFUL TRADING IN THE SAME LOCATION WITHOUT ANY NEGATIVE INCIDENTS AND A HIGH DEGREE OF LOCAL SUPPORT.	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: / 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:	

19. Attachments (if Not a Conveyance) • *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. *The Declaration of Evacuation Scheme template is available on the Council website.*	Yes / No #.....
Copy of planning consent: Please attach certificate to show that the 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 #.....
Copies of all relevant building certificates consents: Please attach certificate to show that the proposed 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 #.....
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. *If this is a renewal application, include your existing 'approved alcohol licensed area' and check for any changes.*	Yes / No #.....
For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). *Not required for renewal unless changes have occurred since the last issue or renewal.*	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. □ Yes ☑ 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 proposed premises. *Not required for renewal unless major changes have been undertaken since the last issue or renewal.*	Yes / No #.....
Please attach a map showing the location of the premises. *Not required for renewal.*	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. *Not required for a renewal unless the lease or ownership arrangements have changed.*	Yes / No #.....

20. Attachments (Conveyance) • *When including attachments please number the documents, circle 'Yes' and write the document number on '#.....'*	Doc attached? Number.
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). *Not required for renewal unless changes have occurred since the last issue or renewal.*	Yes / No #.....
Please attach a photograph or artist's impression of the exterior of the conveyance. *Not required for renewal unless major changes have been undertaken since the last issue or renewal.*	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. *Not required for a renewal unless the previous lease has expired.*	Yes / No #.....

21. Further details when 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: PETER AVERY	Address: 48 WINARA AVENUE
Suburb:	City: WAIKANAE
Postcode: 5036	Date of birth: 23 - 11 - 53
Place of birth: NEW PLYMOUTH	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: PETER AVERY	
Date: 17-10-2025	**Signature:** Peter
Dated at location: WAIKANAE	

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.

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:	SHORELINE CINEMA.
Applicants name: (Individual or Company)	NEW SHORELINE CINEMA LTD
Premises address:	10 MAHARA PLACE WAIKANAE
Contact phone:	Home: Mobile: 027 444 6804
Contact email:	peter@shorelinecinema.co.nz.

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.*

Continued over page ⌥

Statement

I hereby state that (tick one):

☐ 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:	PETER AVERY
Signature:	Peter
Date:	21 - 10 - 25

Submitting applications

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

Post to:

Alcohol Licensing Team
Kāpiti Coast District Council
Private Bag 60601
Paraparaumu 5254

or deliver to:

Kāpiti Coast District Council
175 Rimu Road
Paraparaumu

Banks Trust,

78 Rosetta Rd,

Raumati,

4th June, 2014,

To whom it may concern,

The Banks Trust as Landlord for the Property at 10 Mahara Place, Waikanae, are very happy for the continuation of the Liquor Licence being granted to Shoreline Cinema.

The new operators are continuing in exactly the same mode as the previous.

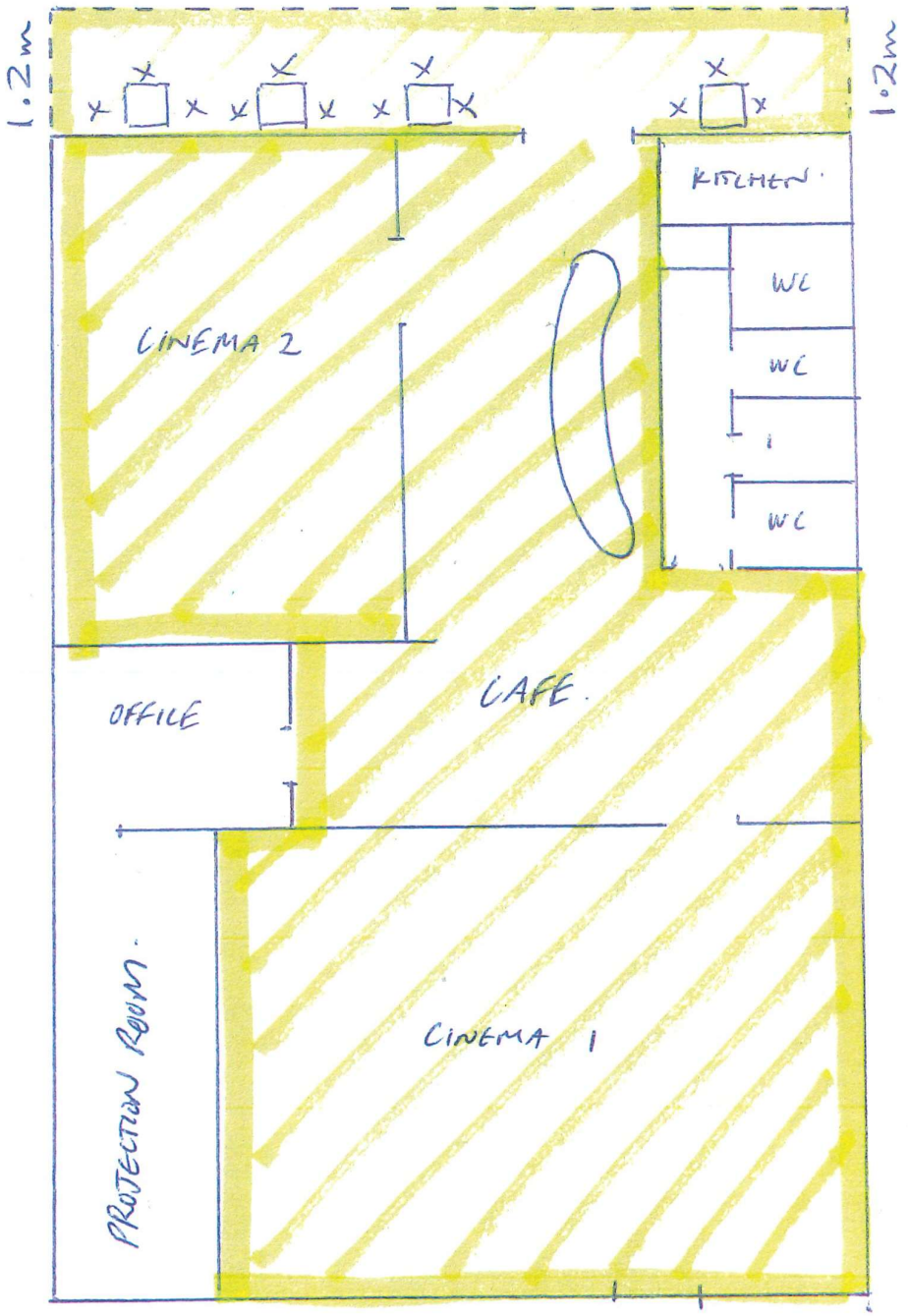
Yours Sincerely,

Barry Herbert,

Trustee.

SHORELINE CINEMA - MAHARA PLACE WAIKANAE.

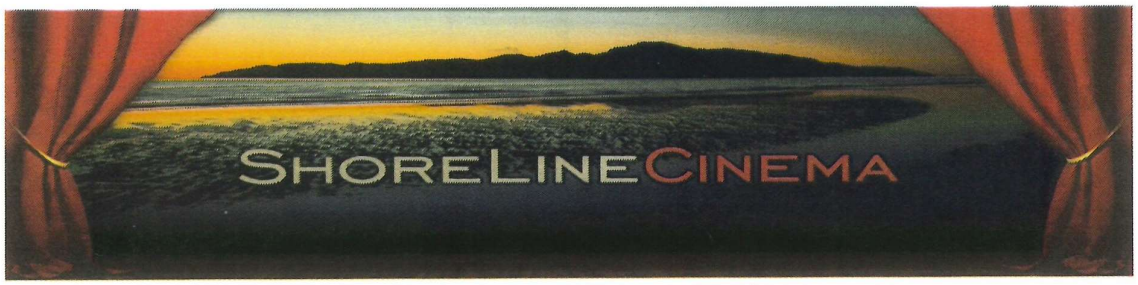
ON-LICENSE VARIATION FOR EXTERIOR TABLES



DRAWING NOT TO SCALE

APPROVED
17 DEC 2018

Licensed area.



OUR POLICY FOR YOUR ENJOYMENT

WE OFFER A CAREFULLY SELECTED RANGE OF QUALITY ALCOHOL FREE AND LOW ALCOHOL REFRESHMENTS, INCLUDING:

- A FULL RANGE OF ESPRESSO COFFEES
- ORGANIC FRUIT JUICES
- HERBAL TEAS
- A RANGE OF FIZZY DRINKS
- WATER – FREE (FILTERED) TAP OR BOTTLED STILL/SPARKLING FOR PURCHASE

WE ALSO OFFER A SELECTION OF LOCALLY BAKED GOODS AND CONFECTIONARY.
YOU ARE WELCOME TO TAKE YOUR PURCHASES INTO THE AUDITORIUM TO ENJOY WITH YOUR FILM.

IF YOU NEED TO ARRANGE ALTERNATIVE TRANSPORT PLEASE ASK A STAFF MEMBER WHO WILL BE HAPPY TO ARRANGE A TAXI FOR YOU. OUR COUNTER PHONE IS ALSO AVAILABLE FOR YOU TO MAKE YOUR OWN TRANSPORT ARRANGEMENTS.

THE ENJOYMENT OF THE CINEMA EXPERIENCE AND YOUR SAFETY IS OUR CONCERN

OUR STAFF ARE TRAINED AND EXPERIENCED IN DEALING WITH ANY PERSON WHO MAY BECOME INTOXICATED AND WILL POLITELY INTERVENE TO PREVENT NUISANCE OR HARM TO THEMSELVES AND OTHERS

WE WILL NOT SERVE ALCOHOL TO INTOXICATED PERSONS OR PERSONS UNDER 18. IF YOU ARE UNDER 18, AND WISH TO PURCHASE ALCOHOL, YOU MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN. WE ARE REQUIRED, BY LAW, TO ASK FOR EVIDENCE OF AGE. PLEASE DO NOT BE OFFENDED.

WE PROMOTE RESPONSIBLE ALCOHOL CONSUMPTION AND SERVICE

IT'S ALL ABOUT ENJOYING THE MOVIES !

Shoreline Cinema Food Offerings

Cabinet;

Scones, Sweet & Savoury

Sandwiches,

Muffins, Sweet & Savoury

Cakes

Flans

Biscuits

Counter;

Nuts

Chippies

Sweets

Chocolates

Ice cream