

# Application for Temporary Authority

(Section 24 and 47, Sale of Liquor Act 1989)

**Note: Your application can not be processed unless you have included all the required information.**

**Use the checklist below and the notes on pages 3 to assist you in completing your application:**

- Three copies of the application form
- The application fee of \$132

**Send the completed application form and attachments to:**

Matamata-Piako District Council  
PO Box 266  
Te Aroha 3342

<b>Office Use Only</b>	
File No.: _____	Document No.: _____
Receipt No.: _____	Date Received

## 1. Applicant Details

- a. Full name of the entity that the licence is for (*For example, the full name of the company or the full name of the partnership*): \_\_\_\_\_  
Name of applicant: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Drivers licence No.: \_\_\_\_\_
- b. Postal address for correspondence: \_\_\_\_\_  
\_\_\_\_\_
- c. Name of daytime contact (*If different from the applicant*): \_\_\_\_\_  
Telephone number of daytime contact: \_\_\_\_\_

## 2. Licence Details

- a. Type of licence (*Tick the appropriate box*)  
 On Licence  
 Off Licence
- b. Licence number: \_\_\_\_\_
- c. Is the licence being sought for a premises or a conveyance? (*A conveyance is a moving premises. For example, a bus, a train etc.*) \_\_\_\_\_

***If the licence is for a premises please complete question 3 and leave question 4 blank. If the licence is for a conveyance, please complete question 4 and leave question 3 blank.***

## 3. Details to be filled out if the licence is for a premises.

- a. Physical address: \_\_\_\_\_  
\_\_\_\_\_
- b. Trading name: \_\_\_\_\_

## 4. Details to be filled out if the licence is for a conveyance.

- a. Type of conveyance: \_\_\_\_\_
- b. Address of home base (if any): \_\_\_\_\_  
\_\_\_\_\_
- c. Trading or other name (if any): \_\_\_\_\_

**5. Further Details**

a. What right, title, estate, or interest does the applicant have

i. In the premises or conveyance (i.e. ownership/lease details etc): \_\_\_\_\_  
\_\_\_\_\_

In any business conducted in the premises or conveyance (i.e ownership/lease details etc). \_\_\_\_\_  
\_\_\_\_\_

b. Do you intend to carry on the sale and supply (or delivery) of liquor personally?

**Yes / No**

**If no**, please provide the following details for the person through whom the applicant intends to carry on the sale and supply (or delivery) of liquor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

c. What are the reasons for the application? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Declaration**

*This application for temporary authority to carry on the sale and supply (or delivery) of liquor is made in accordance with the details I have provided. I declare that the information I have provided is, to the best of my knowledge, true and accurate.*

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes to assist you in completing this application.**

1. The District Licensing Agency may require notice of this application to be given to any person or persons it may specify.
2. For information on the documents/matters that are to accompany this application, see regulation 19(2) of the Sale of Liquor Regulations 1990.