

# Application for an Off-Licence and/or renewal of Off-Licence

(Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012 – For premises)



Please be aware that your application can not be processed unless you have included all of the required information. For all new applications, a pre-application meeting with one of Council's licensing inspectors is required.

## Use the checklist below and the attached notes to assist you in completing your application:

- One copy of the application form
- Copy of Certificate of Incorporation (if applicable)
- Copy of Memorandum of Association (if applicable)
- Photograph of exterior or artist's impression (if applicable)
- Map showing location of premises (if applicable)
- Scale plan of premises (if applicable)
- Written statement from owner (if applicable)
- Menu (if applicable)
- Fire Evacuation Certificate
- Resource Management New Premises fee of \$360.00 (if applicable)
- Resource Management Existing Premises fee of \$130.00 (if applicable)
- Building Certificate fee of \$235.00 (if applicable)
- Application fee

## Send the completed application form and attachments to:

Liquor Licensing Department  
Matamata-Piako District Council  
PO Box 266  
Te Aroha, 3342

## Office use only

File no:

Document no.:

Receipt no.:

Date received:

Application due:

**Details of licence being applied for**

Are you applying for a new off-licence?  Yes  No

Are you applying for a renewal of off-licence?  Yes  No

Renewals only

Licence Number: \_\_\_\_\_

Are you intending on making changes to any conditions?  Yes  No

If yes, please state below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant details**

Full name of the entity the licence is for (for example, the name of the company/trust etc.): \_\_\_\_\_

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

\_\_\_\_\_

Name of applicant: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Name of daytime contact (If different from applicant): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Status of applicant (please tick the relevant box):

Note: See Section 28 of Sale and Supply of Alcohol Act 2012.

- Natural person (20 years of age and over)
- Private company
- Public company
- Body corporate to which section 28 (1)(b) of the Act applies
- Board, organisation, or other body to which section 28 (1)(c) of the Act applies
- Licensing Trust or Community Trust
- Partnership
- Government Department or other instrument of The Crown
- Local Authority
- Trustee
- Manager under the Protection of Personal and Property Rights Act 1988

**Manager details**

Name of Manager 1: \_\_\_\_\_

Manager's cert. No.: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Manager's address: \_\_\_\_\_

Name of Manager 2: \_\_\_\_\_

Manager's cert. No.: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Manager's address: \_\_\_\_\_

Experience and/or training (for example, years worked at licensed premises, LQC):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details to be filled out if applicant is a company**

Date and place of incorporation: \_\_\_\_\_

Full details of all directors and the secretary:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_

If the applicant is a private company, please tick the appropriate box:

Authorised capital

Paid-Up capital

If the applicant is a private company, please provide the details of all shareholders (attach another page if necessary):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Face value of all shares held: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Face value of all shares held: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Face value of all shares held: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Face value of all shares held: \_\_\_\_\_

In the case only of a public company, provide the full details of each person who holds 20% or more of the shares, or any particular class of shares, issued by the company (attach another page if necessary):

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Designation: \_\_\_\_\_

**Details to be filled out if applicant is a partnership**

Provide the full details of all partners:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
4. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Signature of each partner:

- Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- Name: \_\_\_\_\_ Signature: \_\_\_\_\_
- Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Details of premises

Proposed address: \_\_\_\_\_

Proposed trading name: \_\_\_\_\_

Is this licence sought conditional upon the construction or completion of the premises?  Yes  No

Do you own the proposed licensed premises?  Yes  No

If no, please provide the following details:

- a. What is the full name and address of the owner? \_\_\_\_\_  
 \_\_\_\_\_
- b. What type of tenure/lease of the premises will you have (including the term of tenure/lease)? \_\_\_\_\_  
 \_\_\_\_\_

### Details of conveyance

Proposed conveyance: \_\_\_\_\_

Registration number (if applicable): \_\_\_\_\_

Home base address (if applicable): \_\_\_\_\_  
 \_\_\_\_\_

Proposed trading name: \_\_\_\_\_

Is this licence sought conditional upon the construction or completion of the conveyance?  Yes  No

Do you own the proposed licensed conveyance?  Yes  No

If no, please provide the following details:

- a. What is the full name and address of the owner? \_\_\_\_\_  
\_\_\_\_\_
- b. What type of tenure/lease of the conveyance will you have (including the term of tenure/lease)? \_\_\_\_\_  
\_\_\_\_\_

### Details of business

Is the sale of liquor intended to be the primary purpose of the business?

Yes  No

If no, what is intended to be the primary purpose of the business? \_\_\_\_\_  
\_\_\_\_\_

Do you intend to engage in the supply of any goods other than liquor or food? Or, engage in the provision of any other service not directly related to the sale and supply of liquor or food?  Yes  No

If yes, what are the other goods or services? \_\_\_\_\_

On which days and during which hours do you intend to sell liquor under the licence?  
\_\_\_\_\_

### Conditions

What steps do you propose to take to ensure that the requirements of the Act, in relation to the sale of liquor to prohibited persons, are observed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps do you propose to take to prevent the sale and supply of alcohol to prohibited people? (For example, checking ID etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other steps do you propose to take to promote the responsible consumption of liquor? \_\_\_\_\_

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

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**Criminal convictions**

If you have had any criminal convictions (other than convictions for offenses against provisions of the Land Transport Act 1998 and offences to which the Criminal Records (Clean Slate) Act 2004 applies) please state: \_\_\_\_\_

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**Declaration**

This application for an off licence 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. This form must be accompanied by the prescribed fee.
2. Within 20 working days after lodging this application with the District Licensing Committee (or 10 working days if it is an application for renewal), the applicant must give public notice of it in Form 7. The notice must be given in compliance with regulations 36, 37 or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application).
3. Except in the case of a conveyance, within 10 working days after lodging this application with the District Licensing Committee, the applicant must ensure that notice of this application in Form 7 is attached in a conspicuous place on or adjacent to the site to which this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).