



Checklist

The following is required to be supplied with your application. Lodging an incomplete application will result in delayed processing times.

Renewal of Off-Licence

Tick box

- The prescribed fee. These fees are not refundable.
- Three copies of the complete application form plus all documentation
- A copy of the Certificate of Incorporation (if applying in a company name)
- A copy of the club constitution (if club licence application)
- A letter of authorisation for the consultant, if you use a liquor licensing consultant
- Fire Evacuation Scheme Statement

Note: If your business is a grocery store, you will also need to demonstrate that your premises are trading as a grocery store by providing detailed accounts for analysis.

If you require assistance with the completion of you application please contact the Regulatory Services Team at South Taranaki District Council on 0800 111 323 or email regservices@stdc.govt.nz



APPLICATION FOR RENEWAL OF OFF-LICENCE

Section 127(2) Sale and Supply of Alcohol Act 2012

Licence Number

Date Received

To: The Secretary
South Taranaki District Licensing Committee
Private Bag 902
Hawera 4640

Application for renewal of OFF-Licence is made in accordance with the particulars set out below.

ENDORSEMENTS

State (by type) every endorsement sought or sought to be renewed

.....

DETAILS OF APPLICANT

(a) Full legal name or names to be on licence:

(b) Whether licence already held for premises or conveyance concerned? **YES / NO**

If "YES", state kind of licence:

(c) Applicant Status: (By reference to section 28 of Sale and Supply of Alcohol Act 2012)

- | | | | |
|---|--------------------------|---|--------------------------|
| Natural Person
(must be at least 20 years old) | <input type="checkbox"/> | Any Body Corporate | <input type="checkbox"/> |
| A Board, Organisation
or other Body | <input type="checkbox"/> | A Licensing Trust or
Community Trust | <input type="checkbox"/> |
| A Limited Partnership | <input type="checkbox"/> | A Partnership | <input type="checkbox"/> |
| A Trustee | <input type="checkbox"/> | A Department of State or other
Instrument of the Crown | <input type="checkbox"/> |
| A Territorial Authority | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | Details: | |

(d) For applicant that is a natural person or persons, details: (for each, state full legal name, any aliases, usual residential address, sex, occupation, date and place of birth, any internet site, preferred mode of contact)

.....
.....
.....

- (e) For applicant that is a body corporate, authority under which incorporated?
-
- (f) For applicant that is not a natural person or persons, details of contact: *(state full legal name, telephone number or numbers, any fax number, any internet site, preferred mode of contact)*
-
-
- (g) Postal address for service:
-
- (h) Business details: *(describe principal business, any other business)*
-
- (i) Criminal conviction: *(state all criminal convictions)*
(Other than convictions for offences against provisions of the Land Transport Act 1998 not contained Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004)

Nature of Offence	Date of Conviction	Penalty

- (j) For a Company *(whether incorporated under the Companies Act 1993 or equivalent foreign legislation)*, full legal names of directors:

Name:	
Name:	
Name:	
Name:	

- (k) For a Private Company incorporated under the Companies Act 1993 *(state authorized capital, paid-up capital, and the following)*:

Name		Address	
Date of Birth	Place of Birth		Designation
Face Value of shares held			
Name		Address	
Date of Birth	Place of Birth		Designation
Face Value of shares held			

Name		Address	
Date of Birth	Place of Birth	Designation	
Face Value of shares held			

Authorised capital:

Paid-up capital:

(I) For a Partnership, full legal names and addresses of partners:

Name:		Address:	
Name:		Address:	
Name:		Address:	
Name:		Address:	

DETAILS OF PREMISES (If not a conveyance)

(a) Address:

.....

(b) Any name, trading name, or name of building:

(c) If not owned by applicant:

- Tenure (*state whether to be held as leasehold, or under tenancy agreement or licence*)
- Full legal name and address of owner:
-
-

(d) Whether licence conditional on completion of building work? **YES / NO**

If "YES", state details:

DETAILS OF CONVEYANCE

- (a) Type (eg. Ship, railway carriage, bus, etc):
- (b) Tenure (state whether owned by applicant, or to be operated under charter, lease, licence):
- (c) If not owned by applicant, full legal name and address of owner:
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-
- (d) Any registration number:
- (e) Any home base address:
-
- (f) Any name used or proposed for conveyance:
- (g) Whether licence conditional on completion of construction work? **YES / NO**
 If "YES", state details:
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DETAILS OF MANAGERS

Full legal Name:			
Certificate Number:		Expiry Date:	
Full legal Name:			
Certificate Number:		Expiry Date:	
Full legal Name:			
Certificate Number:		Expiry Date:	

BUSINESS DETAILS

- (a) Whether sale of alcohol intended to be principal purpose of business? **YES / NO**
 If "NO", intended principal purpose of business:
- (b) Whether applicant engaged, or intending to be engaged, in the sale or supply of goods other than alcohol and food, or in the provision of any services other than those directly related to the sale or supply of alcohol and food? **YES / NO**
 If "YES", nature of other goods or services:

.....

(c) Days and hours proposed for sale of alcohol:

Days of the week:.....

Hours of the day:.....

CONDITIONS

(a) Experience and training of applicant:

(b) Steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people (*describe*):

(c) Any other steps the applicant proposed to promote the responsible consumption of alcohol (*describe*):

(d) Other systems (including training systems), and staff in place (or to be in place) for compliance with the Act (*describe*):

FUTHER DETAILS WHER APPLICANT IS A COMPANY

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	Address	Date of Birth	Place of Birth	Designation

FUTHER DETAILS WHERE APPLICANT IS A PARTNERSHIP

Full details of each partner as follows:

Name	Address	Date of Birth	Place of Birth	Signature

Dated at: (place and date)

Signature of applicant:

ATTACHMENTS (if not a conveyance)

- (a) Where it must be determined whether the premises are grocery store, the statement of annual sales revenue required by regulation 12 or 13 (as the case requires) of the Sale and Supply of Alcohol Regulations 2013
- (b)
- (c) Floor plan showing any proposed permitted area for the display and promotion of alcohol and any proposed sub-areas
- (d) For body corporate applicant, copy of certificate of incorporation (or equivalent document)

ATTACHMENTS (conveyance)

- (a) Floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area.
- (b) For body corporate applicant, copy of certificate of incorporation (or equivalent document)

NOTES

- 1. This form must be accompanied by the prescribed fee.**
- 2. Within 10 working days after filing this application with the District Licensing Committee, the applicant must give public notice of it in form 7. The notice must be given in compliance with regulation 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 filing 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).**