

APPLICATION FOR NEW OFF-LICENCE

Section 100, Sale and Supply of Alcohol Act 2012

I would like to receive the results of this application (including the licence) by: Post Email

1. Endorsements

(a) Type of endorsement sought on the licence if applicable

Remote sales ONLY (for example, online or catalogue sales)

Auctioneer

2. Details of applicant (If an individual or partnership clearly complete questions marked with**)

(a) Full legal name(s) of the person(s) or company who will receive any proceeds from alcohol sales (include a list of any other names including a maiden name that you may be known by).

(b) Applicant status

<input type="checkbox"/> Individual	<input type="checkbox"/> Public company	<input type="checkbox"/> Licensing trust
<input type="checkbox"/> Private company	<input type="checkbox"/> Club	<input type="checkbox"/> Government Department or other instrument of the Crown
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trustee	<input type="checkbox"/> Manager under Protection of Personal and Property Rights Act 1988
<input type="checkbox"/> Body corporate	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Board, organisation or other body

(c) Address

(d) Postal address for service of documents

(e) State all criminal convictions (except convictions for offences to which the Criminal Records (Clean Slate) Act 2004 applies). Please state type and date of each conviction.

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.

I have completed the attached NZ Police Alcohol Disclosure Authority.

OFFICE USE ONLY	
Licence number:	Checked by:
Fee:	Vetted on:
Licence type:	Date received:
Weighting:/...../.....	

(f) Occupation**

(g) Gender**
 Male Female Gender diverse / gender non-binary:

(h) Date(s) of birth**

Contact Details

(i) Name of daytime contact

(j) Phone number(s)

(k) Email address

3. Further details where the applicant is a company or an incorporated society

(a) Where the applicant is a **private company** give full details of each person who holds any shares issued by the company as follows: name, address, date of birth, designation, % of shares held (*please continue on a separate sheet if necessary*).

(b) Where the applicant is a **public company** give full details of each person who holds 20 percent of more of the shares, or of any particular class of shares, issued by the company as follows: name, address, date of birth, designation (*please continue on a separate sheet if necessary*).

4. Further details where the applicant is a partnership

(a) Full details of each partner as follows: name, address, date of birth, place of birth.

Signature of each partner

5. Body corporate

(a) Please state the authority under which it is incorporated.

6. Details of premises (for a conveyance, skip and complete the next section)

(a)	Address
(b)	Trading name for the premises
(c)	Type of premises (for example, grocery store, bottle store, hotel)
(d)	<p>Is the licence being applied for conditional upon the premises being constructed or altered?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes – describe the changes you are making, and what consents you have:</p> <p>What date do you intend to open?</p>
(e)	<p>Does the applicant own the premises?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no – provide the following information:</p> <p>(i) Full name, address, email and phone number of the owner?</p> <p>(ii) What form of tenure and term of tenure will the applicant have?</p>
(f)	<p>Tick the box if the premises will have:</p> <p><input type="checkbox"/> A supervised area (under 18's must be with parent or guardian)</p> <p><input type="checkbox"/> A restricted area (no under 18's)</p> <p><input type="checkbox"/> No designated areas</p> <p>Supervised and restricted areas must be shown clearly on your scale plan of the premises.</p>

7. Business details

(a)	<p>Is the sale of alcohol intended to be the principal purpose of the business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, what is intended to be the principal purpose of the business?</p>
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(b) Is the premises a grocery store?

Yes

No

If yes, include a statement of projected annual sales revenue that complies with regulation 12 or 13 of the Sale and Supply of Alcohol Regulations 2013. To request an annual sales revenue template, email soi@huttcity.govt.nz

(c) Days and hours when alcohol is to be sold or supplied:

8. Details of managers

(a) **Manager(s) details**

Full name

Manager certificate number

Expiry date

Full name

Manager certificate number

Expiry date

Full name

Manager certificate number

Expiry date

9. Conditions

(a) Describe the applicants experience and training in the sale and supply of alcohol

(b) What actions does the applicant propose to take to make sure minors (*people under 18 year*) and intoxicated people are not supplied alcohol?

(c) What other actions does the applicant propose to promote the responsible consumption of alcohol?

(d) What other systems (including training) and staff are, or will be in place, for compliance with the Act? (describe)

