

Licence No. _____

Premises: _____

Office use only

Application for a new off-licence – checklist

Your application will be publicly advertised on the Tasman District Council website free of charge for a 15 working day period. You will be sent a Site Notice to display.

Please **PRINT** clearly

Have you provided the following?

- Fee** – the amount you must pay depends on the kind of business you run and your opening hours.
Local Authority Certificate - \$280.50

Supporting documents

You must provide copies of all these documents with your application – if you don't, your application can be delayed or rejected.

- Site plan of the premises
- Floor plan
- Photo or artist's impression of the outside of the premises
- Local Authority Certificate
- A written statement from the owner of the building, and body corporate if required
- Signed lease agreement
- Manager certificates
- Social responsibility policy
- Staff training plan
- Copy duty manager book and incident book
- Drinks lists (*type of alcohol to be sold*)
- Certificate of Incorporation
- Statement of annual sales revenue – existing business (*grocery stores only*)

Need help?

Phone Tasman District Council on **03 543 8400** and ask for Alcohol Licensing or email regulatory.admin@tasman.govt.nz

Tasman District Council
Email info@tasman.govt.nz
Website www.tasman.govt.nz
24 hour assistance

Richmond
 189 Queen Street
 Private Bag 4
 Richmond 7050
 New Zealand
Phone 03 543 8400

Murchison
 92 Fairfax Street
 Murchison 7007
 New Zealand
Phone 03 523 1013

Motueka
 7 Hickmott Place
 PO Box 123
 Motueka 7143
 New Zealand
Phone 03 528 2022

Tākaka
 78 Commercial Street
 PO Box 74
 Tākaka 7142
 New Zealand
Phone 03 525 9972

Application for a new off-licence

Section 120 or 127, Sale and Supply of Alcohol Act 2012

To: The Secretary
District Licensing Committee
Private Bag 4
Richmond 7050

The following information is taken from our records. Please fill in any blank boxes and make any alterations on this form. **Please PRINT clearly.**

Endorsements

If you are seeking an endorsement, tick the appropriate box:

- Remote sales ONLY (*for example, online or catalogue sales*)
- Auctioneer

Applicant details

Full legal name/s of the person/s or company who will receive any proceeds from alcohol sales:

Applicant status:

- Individual
- Private Company
- Partnership
- Body corporate
- Public company
- Club
- Trustee
- Local authority
- Licensing trust
- Government Department or other instrument of the Crown
- Manager under the Protection of Personal and Property Rights Act 1988
- Board, organisation or other body

Address:

Postal address for service of documents:

Contact details

Name of daytime contact:

Relationship to the company:

Phone number(s):

Mobile Number:

Email (*this is our preferred way of contacting you*):

Have you been convicted of any offence, diversion or any matter currently before the Court (including traffic but not parking offences)? Please also include any other criminal matters pending.

(Note: as per the Criminal Records (Clean Slate) Act 2004, if you have no convictions in the last 7 years, you need not declare any convictions prior to that date other than convictions relating to imprisonment or indefinitely disqualified from driving.)

- Yes
- No

If Yes please state the type and date of conviction.

Further details (complete the section that applies)

If the applicant is an individual

Occupation:

Date of birth:

Place of birth:

If the applicant is a company or incorporated society

Private company: For each person who holds any shares issued by the company please provide: name, address, date of birth, place of birth, designation, percentage of shares held. (Continue on a separate sheet if necessary.)

Public company: For each person who holds 20 percent or more of the shares, or of any particular class of shares, issued by the company please provide: name, address, date of birth, place of birth, designation. (Continue on a separate sheet if necessary.)

If the applicant is a partnership

Name of partnership if legally established:

For each partner provide name, address, date of birth, place of birth. (Continue on a separate sheet if necessary.)

Signature of each partner:

If the applicant is a body corporate

Please state the authority the body corporate is incorporated under:

Premises details

Address:

Trading name for the premises:

Type of premises (for example, grocery store, bottle store, hotel):

Is the licence being applied for conditional upon the premises being constructed or altered?

Yes No

If yes, please describe the changes you are making and what consents you have:

For new premises, what date do you intend to open?

Does the applicant own the licensed premises?

Yes No

If no, what is the full name, address, email and phone number of the owner?

What form and term of tenure does the applicant have?

Tick the box if the premises will have:

- A restricted area (*no under-18s allowed*)
- A supervised area (*under-18s must be with a parent or legal guardian*)
- Undesignated (*all ages allowed*)

Supervised and restricted areas must be shown clearly on your scale plan of the premises

Business details

Is the sale of alcohol the principal purpose of the business?

- Yes No

If no, what is the principal purpose of the business?

Is the premises a grocery store?

- Yes No

If yes, include a statement of annual sales revenue that complies with regulation 12 or 13 of the Sale and Supply of Alcohol Regulations 2013.

Days and hours

Days and hours when alcohol is intended to be sold or supplied?

Manager details

Full name of certified managers, provide their certificate numbers and expiry dates (outline on a separate sheet if necessary).

Name: _____ Date of birth: _____

Certificate number: _____ Expiry date: _____

Name: _____ Date of birth: _____

Certificate number: _____ Expiry date: _____

Name: _____ Date of birth: _____

Certificate number: _____ Expiry date: _____

Conditions

Describe the applicant's experience and training in the sale and supply of alcohol (*example, CV*):

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

What other actions does the applicant propose take to promote responsible alcohol consumption?

What other systems (*including training*) are/will be in place for compliance with the Act?

Building Evacuation Statement

I confirm that (*tick the option that applies to your building*) the building in which the premises is situated has:

- an evacuation scheme for public safety that meets the requirements of section 21(b) of the Fire and Emergency New Zealand Act 2017.
- Or the building, by reason of its current use, does not require such a scheme, or the building is exempt from having the requirements of such a scheme.
- Or a draft scheme is currently before the Fire Service for approval.

Please note: The New Zealand Police are required by the Sale and Supply of Alcohol Act to make enquiries into the suitability of the applicant. This will involve informing the District Licensing Committee of any convictions or concern involving the applicant. The Medical Officer of Health is also required to enquire into the application. Any concerns will be forwarded to the applicant. By signing this form, you consent to the release of this information.

Sign and Date

| | | | |
|--------------------------|--|------------------------|--|
| Dated at (place): | | on (date): | |
| Print name: | | Applicant's signature: | |

Payment

Payment for the applications can be made by:

- Internet banking to ASB 12-3193-0002048-03
- By cash or card at any Council Office (credit card payments will incur a fee)

Building or conveyance owner's consent template

To: The Secretary
District Licensing Committee
Private Bag 4
Richmond 7050

Person giving consent

Name _____ Date _____

Company (if applicable) _____

Address _____

Dear Secretary

I am the owner Body Corporate Chair building manager other*: _____

of _____
(name or address of building)

I confirm that I

consent to am authorised by the owners to consent to

the proposed sale and supply of alcohol by

(applicant name – must match application) on the following days and hours

(days and hours must match application)

The following extra conditions apply to this consent (write none if none applicable)

Yours faithfully,

(Name of person giving consent)

(Signature)

* If none of these options apply, describe the letter writer's role and why they are authorised to give consent on behalf of the building owner.