

# On Licence Application Form



APPLICATION FOR AN ON LICENCE. SECTION 9, SALE OF LIQUOR ACT 1989

Application for an on licence is made in accordance with the details set out below.

## Important information

- The application must be signed by one of the following: Applicant if an individual; or all members of the partnership; or the principal director/ shareholder of the company; or applicants' Solicitor. **NOT** an Agent.
- Your application will not be processed unless the application is completed correctly and all documentation is supplied with the application. Incomplete applications filed with the District Licensing Agency will not be accepted.

## Details of Applicant(s)

please print clearly

(A) Full name of applicant	
(B) Applicants' date of birth [if an individual or partnership] DD / MM / YYYY	(D) Daytime contact name
(C) Postal address for service documents	Telephone number <i>include area code</i>
	Email
	Mobile no.

## (E) Full name and address of manager or managers to be employed, & certificate numbers of manager's certificate.

Full name of manager
Manager address
Manager Certificate
Full name of manager
Manager address
Manager Certificate

## (F) Status of applicant *tick appropriate box*

<input type="checkbox"/> NATURAL PERSON	<input type="checkbox"/> PRIVATE COMPANY	<input type="checkbox"/> PUBLIC COMPANY	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> GOVERNMENT DEPARTMENT OR OTHER INSTRUMENT OF THE CROWN	<input type="checkbox"/> BODY CORPORATE TO WHICH SECTION 8 (1) (BA) OF THE ACT APPLIES
<input type="checkbox"/> LICENCING TRUST	<input type="checkbox"/> LOCAL AUTHORITY	<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> CLUB	<input type="checkbox"/> MANAGER UNDER THE PROTECTION OF PERSONAL PROPERTY RIGHT ACT 1988	<input type="checkbox"/> BOARD, ORGANISATION, OR OTHER BODY TO WHICH SECTION 8 (1) (BA) OF THE ACT APPLIES

**Please Note.** It is not essential that the proposed manager holds a current managers certificate. Full details should be given of persons not holding such a certificate as Police checks may need to be made.

*Continued next page*

# Further details where the Applicant is a Company

please print clearly

(A) Date of Incorporation DD / MM / YYYY

(B) Place of Incorporation

## (c) Full details of each director, and the secretary, as follows

Please continue on a separate piece of paper if necessary.

Full name of secretary

Date of birth of secretary DD / MM / YYYY

Place of Birth of secretary

Designation of secretary

Address of secretary

Full name of director

Date of birth of director DD / MM / YYYY

Place of Birth of director

Designation of director

Address of director

Full name of director

Date of birth of director DD / MM / YYYY

Place of Birth of director

Designation of director

Address of director

Full name of director

Date of birth of director DD / MM / YYYY

Place of Birth of director

Designation of director

Address of director

## (d) Where the applicant is a private company only

Authorised Capital \$

Paid-up Capital \$

Continued next page

**(E) Where the applicant is a private company only**

Give full details of each person who holds any shares issued by the company.

Please continue on a separate piece of paper if necessary



Full name of shareholder		Face value of shares held \$
Date of birth of shareholder DD / MM / YYYY	Place of Birth of director	Designation of director
Address of director		

Full name of shareholder		Face value of shares held \$
Date of birth of shareholder DD / MM / YYYY	Place of Birth of director	Designation of director
Address of director		

Full name of shareholder		Face value of shares held \$
Date of birth of shareholder DD / MM / YYYY	Place of Birth of director	Designation of director
Address of director		

**(F) Where the applicant is a public company only**

Give full details of each person who holds 20 % or more of the shares, or of any particular class of shares, issued by the company.

Please continue on a separate piece of paper if necessary



Full name of shareholder		
Date of birth of shareholder DD / MM / YYYY	Place of Birth of shareholder	Designation of shareholder
Address of shareholder		

Full name of shareholder		
Date of birth of shareholder DD / MM / YYYY	Place of Birth of shareholder	Designation of shareholder
Address of shareholder		

Full name of shareholder		
Date of birth of shareholder DD / MM / YYYY	Place of Birth of shareholder	Designation of shareholder
Address of shareholder		

# Further details where the Applicant is a Partnership

please print clearly

## (A) Full details of each partner as follows

*Please continue on a separate piece of paper if necessary.*

Full name of partner		
Date of birth of partner DD / MM / YYYY	Place of Birth of partner	Designation of partner
Address of partner		
Partner Signature		Date (DD/MM/YYYY)

Full name of partner		
Date of birth of partner DD / MM / YYYY	Place of Birth of partner	Designation of partner
Address of partner		
Partner Signature		Date (DD/MM/YYYY)

(A) Address of proposed licensed premises

(B) Proposed trading name for the premises (if any)

(C) *Is the licence sought conditional upon construction or completion of the premises?*

YES

NO

(D) *Does the applicant own the licensed premises?*

YES

NO

(i) *If no, what is the full name and address of the owner?*

Owner full name

Owner address

(ii) *What form of tenure and term of tenure will the applicant have?*

(E) *What part (if any) of the premises does the applicant intend should be designated as?*

(i) A supervised area

(ii) A restricted area

## Business details

(A) *What is the general nature of the business to be conducted by the applicant if the licence is granted?*

For example: hotel, tavern, restaurant, nightclub

(B) *Is the sale of liquor intended to be the principal purpose of the business?*

YES

NO

*If No, what is intended to be the principal purpose of the business?*

(C) *Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than liquor and food, or in the provision of any services other than those directly related to the sale and supply of liquor and food?*

YES

NO

*If Yes, what is the nature of those other goods or services?*

- (D) *On which days and during which hours does the applicant intend to sell liquor under the licence? e.g. 4.00pm to 1.00am the following day.*  
**BYO applicants** - fill in days and hours of trading here too

- (E) *If the application is for a BYO restaurant, does the applicant wish to have the licence endorsed under Section 28 of the Act?*

 YES

 NO

## Conditions

- (A) *What provision does the applicant intend to make for the sale and supply of? Please list types of each to be supplied*

(i) *Food?*

(ii) *Non-alcoholic refreshments?*

(iii) *Low-alcoholic beverages?*

- (B) *What steps does the applicant propose to take to provide assistance with or information about alternative forms of transport from the conveyance?*

- (C) *What other steps does the applicant propose to take aimed at promoting the responsible consumption of liquor?*

- (D) *What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of liquor to prohibited persons are observed?*

**Please Note.**

The New Zealand Police are required by the Sale of Liquor Act to make enquires into the suitability of the applicant. This may involve the Police informing the District Licensing Agency and the Liquor Licensing Authority of any convictions or concerns involving the applicant. Should there be any concerns the applicant will also be informed.

# Sale of Liquor Act

## Notes

1. In respect of the status of the applicant, see Section 8 of the Sale of Liquor Act 1989.
2. For matters that are to accompany this application, see Regulation 5 (3) of the Sale of Liquor Regulations 1990.
3. The application must be publicly notified on two occasions as required by the Agency. This will be arranged for you, the cost of which is additional to the liquor licence application fee and you will either be invoiced or required to pay when the liquor application is lodged.
4. Within 10 working days after filing this application with the District Licensing Agency, the applicant must ensure that notice of the application in form 1A is attached in a conspicuous place on or adjacent to the site to which the application relates (unless the Secretary of the District Licensing Agency agrees that it is impracticable or unreasonable to do so).

## Applicant signature

Signature _____	Date (DD/MM/YYYY) _____
-----------------	-------------------------

## Related documents



A certificate of incorporation [if applicable]	<input type="checkbox"/>		A photo or artist's impression of outside of premises.	<input type="checkbox"/>	
A letter from the company stating that it is one of the objectives of the company to hold and operate a liquor licence.	<input type="checkbox"/>		A4 scale plan showing the parts of the premises used for the sale of liquor; areas (if any) to be designated as restricted or supervised areas and all principal entrances.	<input type="checkbox"/>	
A partnership agreement [if applicable]	<input type="checkbox"/>		A written statement from the owner of the building consenting to liquor being sold on the premises	<input type="checkbox"/>	
A compliance certificate under the Resource Management Act.	<input type="checkbox"/>		A copy of a proposed menu & list of low alcohol and non alcoholic refreshments.	<input type="checkbox"/>	
A building code compliance certificate	<input type="checkbox"/>				
A street map showing the location of the premises.	<input type="checkbox"/>				

## Fees and processing

Important Information: On licence applications take approximately two months to process.

Cheques to be made payable to:  
**Thames-Coromandel District Council**

For fees, see our fees and charges\* page at:  
[www.tcdc.govt.nz/fees](http://www.tcdc.govt.nz/fees)  
For any inquiries, please contact our:

### Customer Services Team

Phone: 07 8680200

Fax: 07 8680234

Email: [customer.services@tcdc.govt.nz](mailto:customer.services@tcdc.govt.nz)

The application together with fee payable can be posted to:

**The Secretary**  
**Thames-Coromandel District Licensing Agency**  
515 Mackay Street  
Private Bag  
Thames 3540

Alternatively the application with the fee payable can be made at the following Area Service Centres:

**Coromandel Service Centre**  
355 Kapanga Road, Coromandel

**Mercury Bay Service Centre**  
10 Monk Street, Whitianga

**Thames District Office**  
515 Mackay Street, Thames

**Whangamata Area Service Centre**  
620 Port Road, Whangamata

\*Fees and charges can change annually.

**Office  
use only**

DATE & TIME RECEIVED

RECEIPT NO.

ECM DOCSETID.

APPLICATION NO.

PROCESSING OFFICER

# On/Off/Club Licence Building Evacuation Scheme Declaration Application Form



Send to:

The Secretary  
Thames-Coromandel District Licensing Agency  
515 Mackay Street  
Private Bag  
Thames 3540

## Application for ..... Licence

*In the space above, please handwrite clearly one of the following options: ON, OFF or CLUB*

Premise  
name

Premise  
address

**I HEREBY STATE THAT** *Tick whichever one is applicable*

*either:*

- 1. The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of Section 21a of the Fire Service Act 1975.**

*or:*

- 2. The building, by reason of its current use, does not require such a scheme, or the building is exempt from having to meet the requirements for such a scheme.**

Licensee  
name

Licensee  
address

Licensee Signature

Date (DD/MM/YYYY)