

To: **The Secretary  
District Licensing Committee  
At Marion**

**DATE RECEIVED**

\_\_\_/\_\_\_/20\_\_\_

Application for an on licence or renewal of on licence is made in accordance with the details set out below:

On Licence       On Licence Renewal

**ENDORSEMENTS**

State by type every endorsement sought or sought to be renewed

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

**DETAILS OF APPLICANT(S)**

Full legal name or names to be on the licence \_\_\_\_\_

Is the licence already held for premises or conveyance concerned?

Yes       No

If yes, state the kind of licence \_\_\_\_\_

Status of applicant (*tick appropriate box*):

Natural Person	<input type="checkbox"/>	Licensing or Community Trust	<input type="checkbox"/>
Trustee	<input type="checkbox"/>	Territorial Local Authority	<input type="checkbox"/>
Limited Partnership	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Government Department or instrument of crown	<input type="checkbox"/>	Manager under the Protection of Personal and Property Rights Act 1988	<input type="checkbox"/>
Body Corporate to which section 28(1)(b) of the act applies	<input type="checkbox"/>	A board, organisation or other body to which section 28(1)(c) of the act applies	<input type="checkbox"/>

**POSTAL ADDRESS**

FULL postal address for service of documents

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For applicant(s) that is a natural person or persons, please provide the following details for each person:

**CONTACT DETAILS (NATURAL PERSON)**

Full legal name \_\_\_\_\_

Any aliases \_\_\_\_\_

Residential address \_\_\_\_\_

\_\_\_\_\_

Gender  Male  Female

Occupation \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Internet site(s) \_\_\_\_\_

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

Daytime contact phone number(s) \_\_\_\_\_

Preferred mode of contact \_\_\_\_\_

*If there is more than 1 natural person please include their details on a separate sheet.*

For an applicant that is a body corporate:

**INCORPORATED AUTHORITY**

Authority under which incorporated \_\_\_\_\_

Date of incorporation \_\_\_\_\_

Place of incorporation \_\_\_\_\_

**For applicant that is not a natural person, or persons, details of the contact person:**

**CONTACT DETAILS (NOT A NATURAL PERSON)**

Name \_\_\_\_\_

Contact phone number(s) \_\_\_\_\_

Fax number \_\_\_\_\_

Internet site(s) \_\_\_\_\_

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

Preferred mode of contact \_\_\_\_\_

**COMPANY DETAILS**

**For a company:**

Full legal names of each director

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Details of each person who holds 20% or more shares, or any particular class or shares**

**issued by the company:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Designation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Designation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Designation \_\_\_\_\_

**For a private company**

Authorised Capital

Paid Up Capital

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 \_\_\_\_\_

**For a partnership:**

**PARTNER 1**

Full legal name \_\_\_\_\_

Any aliases \_\_\_\_\_

Residential address \_\_\_\_\_  
\_\_\_\_\_

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

Contact phone number(s) \_\_\_\_\_

Fax number \_\_\_\_\_

Signature \_\_\_\_\_

**PARTNER 2**

Full legal name \_\_\_\_\_

Any aliases \_\_\_\_\_

Residential address \_\_\_\_\_  
\_\_\_\_\_

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

Contact phone number(s) \_\_\_\_\_

Fax number \_\_\_\_\_

Signature \_\_\_\_\_

**PARTNER 3**

Full legal name \_\_\_\_\_

Any aliases \_\_\_\_\_

Residential address \_\_\_\_\_  
\_\_\_\_\_

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

Contact phone number(s) \_\_\_\_\_

Fax number \_\_\_\_\_

Signature \_\_\_\_\_

*If there are more than 3 partners please include their details on a separate sheet.*

**BUSINESS DETAILS**

Describe principal business, any other businesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL CONVICTIONS**

Has the applicant been convicted of any offence?

Yes

No

If yes, what are the details of each offence?

Please provide details of all convictions (other than convictions for offences to which the Criminal Records (Clean Slate) Act 2004 and offences against provisions of the Land Transport Act 1998 not contained in Part 6 applies).

For minor convictions, the Rangitikei District Council Liquor Licensing Policy states that the general guidelines will be that the applicant has observed a stand down period of 2 years or more.

Nature of Offence	Date of Conviction	Penalty Suffered
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DETAILS OF PREMISES (IF NOT A CONVEYANCE)**

Address \_\_\_\_\_  
\_\_\_\_\_

Any name, trading name, building name (if applicable) \_\_\_\_\_

**If premises are not owned by the applicant:**

Tenure \_\_\_\_\_

Leasehold

Tenancy agreement

Licence

Full legal name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_  
\_\_\_\_\_

Is a licence sought conditional upon construction or completion of the premises?

Yes  No

If yes, please state details \_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF CONVEYANCE

Kind of conveyance (eg: ship, railway carriage, bus etc) \_\_\_\_\_

**If not owned by the applicant:**

Tenure \_\_\_\_\_

Charter  Lease  Licence

Full legal name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_  
\_\_\_\_\_

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

Address of home base (if any) \_\_\_\_\_  
\_\_\_\_\_

Proposed trading name for conveyance (if any) \_\_\_\_\_  
\_\_\_\_\_

Is the licence sought conditional upon construction or completion of the conveyance?

Yes  No

If yes, please state details \_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF MANAGERS

**For each manager or proposed manager:**

#### MANAGER 1

Full legal name \_\_\_\_\_

Managers Certificate Number \_\_\_\_\_

Certificate expiry date \_\_\_\_\_

**MANAGER 2**

Full legal name \_\_\_\_\_

Managers Certificate Number \_\_\_\_\_

Certificate expiry date \_\_\_\_\_

**MANAGER 3**

Full legal name \_\_\_\_\_

Managers Certificate Number \_\_\_\_\_

Certificate expiry date \_\_\_\_\_

*If there are more than 3 managers please include their details on a separate sheet.*

**BUSINESS DETAILS**

General nature of the business to be conducted by the applicant in the premises if the licence is granted (*eg: hotel, tavern, restaurant, entertainment/nightclub*)

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

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?

\_\_\_\_\_

Are you going to be engaged or intending to be engaged, in the sale or supply of any 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, please detail the nature of the other goods or services \_\_\_\_\_

\_\_\_\_\_



On which days and during which hours does the applicant intend to sell liquor under the licence?

Monday	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	_____

In the case only of a BYO restaurant, do you wish to have the licence endorsed under section 37 of the Act?

Yes

No

**CONDITIONS**

Please detail applicant experience and training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail the food (type and range) intended to be available for purchase \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail the non-alcoholic beverages (type and range) intended to be available for purchase \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail the low-alcohol beverages (type and range) intended to be available for purchase \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To what extent, and where is drinking water intended to be freely available to patrons

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If there is no access to mains water supply please describe the portability of water intended to be available

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Please detail (type and range) the steps that will be taken to help with and information about transport options from the premises

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Please details the steps that will be proposed to prevent the sale and supply of alcohol to prohibited people

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Any other steps that you propose to promote the responsible consumption of alcohol

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

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Any changes sought to the present conditions of the licence?

Yes

No

If yes, what changes are being sought?

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**ATTACHMENTS (IF NOT A CONVEYANCE)**

Copy of planning consent  Yes  No

Copies of all relevant building certificates/consents  
 Yes  No

Floor plan showing:

Each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and

Yes  No

The principal entrance

Yes  No

For body corporate applicant, copy of incorporation (or equivalent document)

Yes  No

**ATTACHMENTS (IF CONVEYANCE)**

Floor plan showing:

Each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and

Yes  No

For body corporate applicant, copy of incorporation (or equivalent document)

Yes  No

**ADDITIONAL QUESTIONS**

All applicants need to fill in the questions below under Section 4(3) of the Act as part of your application for a new/renewal or variation of existing licence.

*(Attach separate sheet(s) with the answers if applicable)*

The granting, or renewal, of this application will not decrease the amenity or good order of the area by more than a minor extent because we \_\_\_\_\_

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

The design and layout of our premises complies with the Act because

The granting, or renewal, of this application will contribute to the Object of the Act by \_\_\_\_\_

\_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Receipt \_\_\_\_\_ Date \_\_\_\_\_

**Notes:**

**For New Licence Applications**

1. You must apply for the Planning and Building Compliance Certificate and supply the granted Certificate before submitting your new on licence application.
2. You must supply background of your history in the hospitality industry.

**For New and Renewal Licence Applications**

3. It is your responsibility to provide the required information at the time of submitting your application; an incomplete application will not be accepted.
4. You must supply a copy of your Menu.
  - Please supply a list of non-alcoholic and low alcoholic beverages on a separate sheet of paper
5. Please supply a copy of your Management Plan or Staff Training Record (if you do not have one you need to start putting one in place as the Inspector will need to see evidence of this at your next renewal).
6. Please supply a copy of your Host Responsibility Policy, up to date floor plans showing intended designations, photo ID and certificate of incorporation.
7. Within 20 working days after filing 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 regulation 36, 37, or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application)
8. Except in 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 the application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).
9. This application form must be accompanied by the prescribed fee.

**PUBLIC NOTICE OF APPLICATION FOR ON LICENCE, OFF LICENCE OR CLUB LICENCE (OR APPLICATION FOR VARIATION OF CONDITIONS OF ON LICENCE, OFF LICENCE OR CLUB LICENCE)**

Form 7, Sections 101, Sale and Supply of Alcohol Act 2012

**DETAILS OF APPLICANT**

Full legal name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

has made an application to the District Licensing Committee at Rangitikei for the issue / renewal / variations of conditions (*circle one*) of a

\_\_\_\_\_ (*specify the type of licence*)

In respects of the premises situated at:

\_\_\_\_\_ (*address*)

Or the: \_\_\_\_\_ known as \_\_\_\_\_  
(*specify type of conveyance*)

The general nature of the business conducted under the licence is:

\_\_\_\_\_ (*for example: hotel, tavern restaurant, entertainment/nightclub*)

The days on which and the hours during which alcohol is (or is intended to be sold) under the licence are:

Monday  \_\_\_\_\_ Tuesday  \_\_\_\_\_ Wednesday  \_\_\_\_\_

Thursday  \_\_\_\_\_ Friday  \_\_\_\_\_ Saturday  \_\_\_\_\_

Sunday  \_\_\_\_\_

The application may be inspected during ordinary office hours at the office of the Rangitikei District Licensing Committee at 46 High Street, Marton.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Private Bag 1102, Marton 4741

No object to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

No objection to the renewal of a licence may be made in relation to a matter other than a matter specified in section 131 of the Sale and Supply of Alcohol Act 2012.

*(In case of publication in newspaper(s) This is the [state whether first, second or only] publication of this notice.*

*(In case of second publication in newspaper(s) This notice was first published on [state date].*

**APPLICATION FOR LIQUOR LICENCE – EVACUATION SCHEME**

Premises: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

I HEREBY STATE THAT

Either

- 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

- 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.

Signed by the applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## WHO NEEDS AN EVACUATION SCHEME?

An Evacuation Scheme is required for buildings detailed in section 21A (1) and (2) of the Fire Service Act 1975.

The following is a list of buildings and occupancies that require a Fire Service approved Evacuation Scheme.

Buildings where:

- 100 or more people can gather in a common venue or place of assembly, whether for a commercial, social, cultural, religious or any other purpose, or
- Facilities for employment are provided for more than 10 people, or
- Accommodation is provided for more than 5 people, (unless in 3 or less household units), or
- Whole or part of the building is used for storage or processing of hazardous substances, or
- Early childcare facilities are provided, (other than in a household unit), or
- Specialised nursing, medical or geriatric care is provided, (other than in a household unit), or
- Specialist care is provided for people with disabilities (other than in a household unit), or
- People in lawful detention are accommodated.

Evacuation Schemes must be approved by the Fire Service.

*(A waiver may be granted from the requirements to have an approved Evacuation Scheme for your building. Contact your local Fire Safety Officer for advice.)*



**APPLICATION FOR RENEWAL FOR LIQUOR LICENCE –  
EVACUATION SCHEME**

Premises \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On Licence Number \_\_\_\_\_

Off Licence Number \_\_\_\_\_

Club Licence Number \_\_\_\_\_

I HEREBY STATE THAT

Either

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

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.

Signed by the applicant \_\_\_\_\_

Date \_\_\_\_\_



## WHO NEEDS AN EVACUATION SCHEME?

An Evacuation Scheme is required for buildings detailed in section 21A (1) and (2) of the Fire Service Act 1975.

The following is a list of buildings and occupancies that require a Fire Service approved Evacuation Scheme.

Buildings where:

- 100 or more people can gather in a common venue or place of assembly, whether for a commercial, social, cultural, religious or any other purpose, or
- Facilities for employment are provided for more than 10 people, or
- Accommodation is provided for more than 5 people, (unless in 3 or less household units), or
- Whole or part of the building is used for storage or processing of hazardous substances, or
- Early childcare facilities are provided, (other than in a household unit), or
- Specialised nursing, medical or geriatric care is provided, (other than in a household unit), or
- Specialist care is provided for people with disabilities (other than in a household unit), or
- People in lawful detention are accommodated.

Evacuation Schemes must be approved by the Fire Service.

*(A waiver may be granted from the requirements to have an approved Evacuation Scheme for your building. Contact your local Fire Safety Officer for advice.)*