

Application for Special Licence

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

DATE RECEIVED

___/___/20___

Application for special licence is made in accordance with the details set out below:

TYPE OF SPECIAL LICENCE

Is the licence for: On-site Off-site

The event for which the special licence is applied for, could it have reasonably been foreseen?

Yes No

If no, please describe the circumstances _____

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):

Individual	<input type="checkbox"/>	Licensing Trust	<input type="checkbox"/>
Club	<input type="checkbox"/>	Territorial Local Authority	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Private Company	<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	<input type="checkbox"/>	A board, organisation or other body	<input type="checkbox"/>
Public Company	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>

POSTAL ADDRESS

FULL postal address for service of documents

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 PERSON

Name _____

Contact phone number(s) _____

Fax number _____

Internet site(s) _____

Email address _____

Preferred mode of contact _____

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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

DETAILS OF PREMISES OR CONVEYANCE (ON SITE SPECIAL LICENCE)

Address of premises _____

Any name, trading name, building name (if applicable) _____

Tenure _____

Leasehold Unit Title Freehold Licence

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

Yes No

If yes, please state details _____

OR

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

Registration number (if applicable) _____

Address of home base (if any) _____

Proposed trading name for conveyance (if any) _____

DETAILS OF MANAGERS

For each manager or proposed manager:

MANAGER 1

Full legal name _____

Managers Certificate Number _____

Certificate expiry date _____

Servewise Training Completed Date _____

(Certificate must be attached to application)

MANAGER 2

Full legal name _____

Managers Certificate Number _____

Certificate expiry date _____

Servewise Training Completed Date _____

(Certificate must be attached to application)

EVENT DETAILS (ON SITE SPECIAL LICENCE)

Describe the nature and principal purpose of the event _____

Date of the event _____

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

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Estimate of the number of people attending _____

Probable age distribution of people attending _____

Application for Special Licence

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 _____

Types of containers in which alcohol is to be sold _____

CONDITIONS (ON SITE SPECIAL LICENCE)

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

Application for Special Licence

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

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

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

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

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

Any changes sought to the present conditions of the licence?

Yes

No

If yes, what changes are being sought? _____

ATTACHMENTS (ON SITE SPECIAL LICENCE)

Floor plan showing:

Any designated areas, either as supervised/ restricted or undesignated

Yes

No

The principal entrance

Yes

No

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

Yes

No

DETAILS OF PREMISES OR CONVEYANCE (OFF SITE SPECIAL LICENCE)

Address of premises _____

Any name, trading name, building name (if applicable) _____

Tenure _____

Leasehold

Unit Title

Freehold

Licence

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

Yes

No

If yes, please state details _____

If premises are not owned by the applicant:

Tenure _____

Leasehold

Tenancy agreement

Licence

Full legal name of owner _____

Address of owner _____

Floor plan showing (*please attach*):

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

Yes

No

OR

Kind of conveyance (*eg: ship, railway carriage, bus etc*) _____

Registration number (*if applicable*) _____

Address of home base (*if any*) _____

Proposed trading name for conveyance (*if any*) _____

EVENT DETAILS (OFF SITE SPECIAL LICENCE)

Describe the nature and principal purpose of the event _____

Date of the event _____

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"/>	_____

Estimate of the number of people attending _____

Probable age distribution of people attending _____

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 _____

Types of containers in which alcohol is to be sold _____

CONDITIONS (OFF SITE SPECIAL LICENCE)

Please detail applicant experience and training _____

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

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

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

Any changes sought to the present conditions of the licence?

Yes

No

If yes, what changes are being sought? _____

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 _____

Application for Special Licence

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 _____

This application fits with the requirements of the Rangitikei Local Alcohol Policy by (*not applicable until in force*) _____

Dated at _____ this _____ day of _____ 20 _____

Signature of Applicant _____

If no signature we will not accept the application, it will be sent back to you.

Application for Special Licence

FEE STRUCTURE *

Class 1 – Large	1 large event: More than 3 medium events; more than 12 small events.	More than 400 people	\$575	<input type="checkbox"/>
Class 2 – Medium	3 to 12 small event; 1 to 3 medium events.	Between 100 and 400 people	\$207	<input type="checkbox"/>
Class 3 – Small	1 or 2 small events.	Less than 100 people	\$62.30	<input type="checkbox"/>

Receipt _____ Date _____

Checklist

1. This form must be accompanied by the prescribed fee.
2. Floor Plan showing any intended designations
3. Photo ID of person submitting application and proposed Manager
4. If required to do so by the secretary of the District Licensing Committee, the applicant must within 10 working days after filing this application with the District Licensing Committee ensure that notice of this application in form 8 is attached in a conspicuous place on or adjacent to the site to which the application relates.
5. Completed Ministry of Health Form.
6. Provide Servewise Training Certificate
7. Waiver for not having Certificated Managers – please ensure letter is dated and signed (within same year as event)
8. If supplying a letter from owner of property allowing event to take place please ensure it is dated and signed (must be with the same year as event)
9. Servewise Training www.resources.alcohol.org.nz go to bottom of page and click on “go to resources site”, scroll to second to last option “E-learning tool: ServeWise”

* Please see our current Schedule of Fees and Charges

Te Whatu Ora
Health New Zealand

To the Applicant:

As part of your application process, the Medical Officer of Health (MOoH) is required to report on your application for a Special Licence under Section 103 of the Sale & Supply of Alcohol Act 2012. If we have any further questions one of our Officers will contact you.

Public Health Questionnaire

Your Application may be delayed if we don't receive the following information.

To report, the MOoH needs to understand the host responsibility measures you will be taking to protect those attending your event from Alcohol related harm.

The questions attached enquire into whether you:

- **Ensure that no intoxication or sale of alcohol to minors occurs during your event**
- **Prevent intoxication in those attending your event by slowing their rate of drinking and of alcohol absorption by offering sufficient food and low and non-alcoholic drinks**
- **Reduce the likelihood of drink-driving by helping those attending your event find alternative transport**

If you have any questions or would like further Host Responsibility information, please contact:

MidCentral District Health Board region includes: Palmerston North, Manawatu, Taranaki Horowhenua, Whanganui, Ruapehu & Rangitikei District Councils

Contact: Jill Job, Compliance Officer 06 350 9110

Please return this questionnaire with a list of foods and non alcoholic drink options available at your event.

Public Health Service: Lambie Building, Whanganui Hospital, 100 Heads Road | Private Bag 3003, Whanganui 4500
Phone: 06 348 1775 | After hours: 06 348 1234

Te Whatu Ora – Health New Zealand: TeWhatuOra.govt.nz

Te Kāwanatanga o Aotearoa
New Zealand Government



Public Health Questionnaire

		Please Y for yes and N for No
1	What is the type of event you are requiring a special licence for? _____	
2	How many hours is the licence requested for <ul style="list-style-type: none">less than 8 hours8 and over	<input type="checkbox"/> <input type="checkbox"/>
3	What time of day will your event will finish <ul style="list-style-type: none">Before 2amLater - state time of finish _____ e.g. 3am	<input type="checkbox"/> <input type="checkbox"/>
4	How many people are you anticipating will attend your event? <ul style="list-style-type: none">Less than 400More than 400 (Please provide an Alcohol Management Plan)	<input type="checkbox"/> <input type="checkbox"/>
5	Will children and family be attending? <ul style="list-style-type: none">Under 18s presentNo one under 18 present	<input type="checkbox"/> <input type="checkbox"/>
5	How many staff/volunteers will be present to observe/serve those attending the event?	
6	Are staff/volunteers trained to cease serving liquor to a person before that person is allowed to become intoxicated? (Refer to Intoxication Guidelines on ALAC website)	
7	Is everybody who looks below 25 years of age being asked for valid ID before being served liquor (valid ID is: Passport, NZ Driver's Licence or 18+ photo ID card)	
8	Do you ensure that a range of food is provided at all times alcohol is being served? Food must be more substantial than packet chips, peanuts etc. We recommend at least 3 options. Please include a list of food or menus available at your event	
9	What types of low alcohol (2.5%) and non alcoholic drinks do you have? _____	
10	How will those attending access water during the event? <i>Clean carafes of water and glasses on every table, 2 water coolers will be sited at either end of hall with plastic cups</i>	

Public Health Service: Lambie Building, Whanganui Hospital, 100 Heads Road | Private Bag 3003, Whanganui 4500
Phone: 06 348 1775 | After hours: 06 348 1234

Te Whatu Ora – Health New Zealand: TeWhatuOra.govt.nz

Te Kāwanatanga o Aotearoa
New Zealand Government

Te Whatu Ora
Health New Zealand

11	What methods are used to alert patrons to alternative forms of transport that are available? a) Signage b) Free phone c) Courtesy coach/bus	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Are the following resources on site: <i>(please tick if you need any of the resources below)</i> <input type="checkbox"/> Host Responsibility leaflets <input type="checkbox"/> Under 18 Signs <input type="checkbox"/> Intoxication Signs <input type="checkbox"/> Smokefree Signs	
13	All internal areas will be smoke free?	

The following questions apply to your plans for the event in relation to compliance with the Sale and Supply of Alcohol Act 2012.

I have read and understood the above questions and will implement the measures I have ticked above.

(Name/Trading name of event location) _____

Print your name: _____ Role _____

Print your staff/mgr designation: _____ Signed: _____ Date: _____

Daytime Ph: _____ Fax: _____ Mob: _____ email: _____

Send us any additional comments or further Host Responsibility measures you wish to tell us about

Public Health Service: Lambie Building, Whanganui Hospital, 100 Heads Road | Private Bag 3003, Whanganui 4500
Phone: 06 348 1775 | After hours: 06 348 1234

Te Whatu Ora – Health New Zealand: TeWhatuOra.govt.nz

Te Kāwanatanga o Aotearoa
New Zealand Government