

Application for Special Licence

Form 6 - Section 138 - Sale and Supply of Alcohol Act 2012

Date Stamp:

To: The Secretary
Marlborough District Licensing
Committee 15 Seymour Street
PO Box 443
Blenheim 7240

Office Use Only:

SPC/_____/_____

Date of event:

Name of applicant:

Receipt #

Please see Guidance Notes for assistance in completing this form.

Checklist

Please provide the following with your application:

- Completed application and documentation (incomplete applications will not be processed)
- APPLICATION FEE – This is an application fee and is therefore non-refundable after the application is received by Marlborough District Council

Class 1	1 large event; or more than 3 medium events or more than 12 small events	\$575.00	<input type="checkbox"/>
Class 2	3 to 12 small events or 1 to 3 medium events	\$207.00	<input type="checkbox"/>
Class 3	1 or 2 small events	\$63.25	<input type="checkbox"/>

Large event means	More than 400 people will be attending the event
Medium event means	Between 100 and 400 people will be attending the event
Small event means	Fewer than 100 people will be attending the event

- Cash / Eftpos Credit Card (counter only – 2.3% fee applies)
- Internet Banking – Pay to Account No. 02 0600 0202861 02 (use applicants name as reference)

(Date Paid _____)

- A4 site plan of the premises including details indicated on the guidance notes
- Copy of any advertising flyers and menus if available
- Alcohol management plan if your event is a large alcohol event with more than 400 people attending

Type of Special Licence

- On-site (for consumption at event)
- Off-site (for consumption away from event)
- On-site conveyance (for consumption on a bus, boat, train)

Note: An Off-site special licence can only be issued to a manufacturer, distributor, importer or wholesaler of alcohol

Whether the event for which the special licence is applied for could reasonably have been foreseen

- Yes No

If no, please describe the circumstances why you are making a late application:

Details of Applicant

Full legal name or names to be on licence (i.e. the person or organisation that the proceeds from alcohol sales are going to)

Whether licence already held for premises or conveyance concerned Yes No

If yes, state kind of licence: _____

Postal address for service: _____

Business / Organisation: _____
(eg club, restaurant, winery)

Applicant Status

- Natural Person(s) aged 20 or above Private Company Partnership Club
- Public Company Board, organisation or other body Other Body Corporate (state below)

If a body corporate, please state the authority under which incorporated:

Criminal Convictions *(State all criminal convictions other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004 applies) This doesn't include speeding offence/parking tickets but does include drivers licence disqualification*

Contact person for this application

Contact Name: _____ Daytime Phone No: _____

Email Address: _____

Event Details

Nature of event (e.g. quiz, festival, fundraiser)

Day of the week	Date of the event*	Hours that alcohol will be sold/served	Number of people attending the event	Age range of people attending

*If more than one date involved, please supply details on a separate sheet Principal purpose of event (e.g. *entertainment, food or alcohol consumption*)

Whether applicant intending to engage 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, nature of other goods or services:

Types of container in which alcohol is to be sold/supplied (e.g. *glass or plastic*)

Details of Premises

(If the event is being held on a conveyance e.g. bus, boat, train, see conveyance section at the end of the form)

Physical address of premises where the event is taking place:

Any name, trading name, or name of building:

Tenure (e.g. hiring for event only, owner, leasee):

Whether licence conditional on completion of building work Yes No

If yes (state details)

Whether applicant owns proposed licensed premises Yes No

If no, full legal name and address of owner:

Details of Manager

Name of person in charge of alcohol consumption and sales at the event:

If they have a current Managers Certificate - please supply details

Certificate #: _____ Expiry date: _____

Conditions - For All Licenses

Experience and training of applicant in sale or supply of alcohol:

Steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people (e.g. minors and intoxicated people)

Any other steps the applicant proposes to promote the responsible consumption of alcohol (e.g. what are your host responsibility practices?)

Systems (including training systems) and staff in place (or to be in place) for compliance with the Act (e.g. door staff)

Off-site - are you going to be offering complimentary tastings? Yes No

Conditions For On-Site Licenses Only

What provision is intended to be made for:

Food (please specify what foods will be available)

Non alcoholic beverages (please specify types)

Low alcohol beverages (please specify names)

To what extent, and where, drinking water is intended to be freely available to patrons (how are you going to supply **free** drinking water e.g. in jugs on table, water cooler)

If no access to mains water supply, how is safe drinking water (potable) to be available (e.g. water cooler, tanker)

Steps intended to be taken, to provide help with and information about alternative forms of transport from the premises (e.g. courtesy shuttle, taxi chits, encouraging sober drivers)

Details of Conveyance (e.g. bus, boat, train)

Type of conveyance: _____

Any registration number: _____

Any home base address: _____

Any name used or proposed for conveyance: _____

Once you have completed and signed this form, either save it and send via email to mdc@marlborough.govt.nz or you can print it out and drop it into the offices on Seymour Street or post to Marlborough District Council, PO Box 443, Blenheim 7240.

Invoice Details

Please specify the billing details (fee payer) for this application:

Billing email address: _____

Purchase order (if applicable): _____

Signature of applicant: _____

Date: _____

I confirm that the above information is true and correct.

Notes

1. This form must be accompanied by the prescribed fee.
2. 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 committee, ensure that notice of this application in form 8 is attached in a conspicuous place on or adjacent to the site to which this application relates.