

Application for Off-Licence or Renewal of Off-Licence



**MARLBOROUGH
DISTRICT COUNCIL**

Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

To: The Secretary
Marlborough District Licensing Committee
15 Seymour Street
P O Box 443
Blenheim 7249

Date Stamp:

Office Use Only:

OFF/_____/_____

Receipt #

CHECKLIST

Please provide the following with your application:

- Completed application and documentation (**incomplete applications will not be processed**)
- APPLICATION FEE – (determined by the Fees Regulations, according to the cost/risk rating) see administrator if you need to discuss.
 - Invoice – arranged with administrator
 - Cash/Eftpos Credit Card (counter only 2.3% fee applies)
 - Internet banking – Pay to Account No. 020600-0202861-02 (use the applicant's name as a reference) Date Paid:
- Scale plan of premises, indicating:
 - Areas for sale and promotion of alcohol
 - Principal entrance/s to the premises
 - Any designated areas (supervised/restricted)
- Certificate of Incorporation (if applicable)
- Host Responsibility Policy e.g. www.alcohol.org.nz/resources
- Statement of annual sales revenue for grocery store. In accordance with Regulation 12 or 13 (as the case requires) of the Sale & Supply of Alcohol Regulations 2013

Application for *[state whether application is for off-licence or renewal of off-licence]*

Endorsements *[state (by type) every endorsement sought or sought to be renewed]*

- Remote Sales only – endorsed under Section 40
- Auctioneers only – endorsed under Section 39
- N/A

Details of applicant

Full Legal Name or names to be on licence *[state]*

Whether licence already held for premises or conveyance concerned *[state]*

Yes

No

If yes, state kind of licence

Applicant Status *[State by reference to section 28 of Sale and Supply of Alcohol Act 2012, the status of the applicant (for example, natural person or persons, body corporate, or Department of State)]:*

For applicant that is a natural person or persons, details *(for each, state full legal name, any aliases, usual residential address, sex, occupation, date and place of birth, any internet site, preferred mode of contact);*

For applicant that is a body corporate, authority under which incorporated *(state)*:

For applicant that is not a natural person or persons, details of contact person *[state name, telephone number or numbers, any fax number, any internet site, preferred mode of contact]:*

Postal address for service:

Business details *[describe principal business, any other businesses]:*

Criminal convictions [state all criminal convictions (other than convictions for offences against provision of the Land Transport Act 1998 not contained in Part 6 and offences to which the Criminal Records (Clean Slate) Act 2004 applies)]:

For a company (whether incorporated under the Companies Act 1993 or equivalent foreign legislation), full legal names of directors [state]:

For a private company incorporated under the Companies Act 1993 [state authorised capital, paid-up capital and the following]:

Name:

Address:

Date of Birth:

Place of Birth:

Designation:

Face value of shares held:

For a partnership, full legal names and addresses of partners [state]:

Details of premises

Address *[state]*:

Any name, trading name or name of building *[state]*:

If not owned by applicant:

Tenure *[state whether to be held as leasehold or under tenancy agreement or licence]*:

Full legal name and address of owner *[state]*:

Type *[state whether grocery, hotel, retail shop (other than grocery), or tavern]*

Whether licence conditional on completion of building work *[state]*

Yes

No

If yes state details:

Whether licence conditional on completion of construction work *[state]*:

Yes

No

If yes state details:

Details of managers

For each manager or proposed manager, full legal name, number and expiry date of manager's certificate
[state]

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Business details

Whether sale of alcohol intended to be principal purpose of business *[state]*:

Yes

No

If "No", intended principal purpose of business *[state]*

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Whether applicant 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 *[state]*:

Yes

No

If "Yes", nature of other goods or services *[state]*

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Days and hours proposed for sale of alcohol *[state]*:

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Conditions

Experience and training of applicant *[state]*

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Steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people *[describe]*:

Any other steps the applicant proposes to promote the responsible consumption of alcohol *[describe]*:

Other systems (including training systems) and staff in place (or to be in place) for compliance with the Act eg any security hired, extent of CCTV *[describe]*:

Further details where applicant is a company

Full details of each person who holds 20% or more of the shares, or of any particular class of shares, issued by the company:

Name:

Address:

Date of birth:

Place of birth

Designation

Further details where applicant is a partnership (Full details of each partner as follows:)

Name:

Address:

Date of birth:

Place of birth

Signature of each partner

Signature of applicant

Dated at *[place]*

Date

Notes

1. This form must be accompanied by the prescribed fee.
2. 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).
3. Except in the 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 this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).

Once you have completed this form, please save it to your computer for your records, then email a copy of the saved document to mdc@marlborough.govt.nz or post to Marlborough District Council, PO Box 443, Blenheim 7240.

Record 14208060