

Application for Special Licence

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

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

Please see Guidance Notes for assistance in completing this form.

	Date Stamp:	
Office Use Only:		
SPC//		
Date of event:		
Name of applicant:		

Receipt #

		L						
Checklist Please provide the following with your application:								
☐ Comp	• •	documentation (incomplete applications	s will not be					
	☐ 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 small events	\$575.00						
Class 2	3 to 12 small events	or 1 to 3 medium events	\$207.00					
Class 3	1 or 2 small events		\$63.25					
Large event meansMore than 400 people will be attending the evenMedium event meansBetween 100 and 400 people will be attending toSmall event meansFewer than 100 people will be attending the even			iding the event					
☐ Cash /	☐ 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	\square 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 Number of people Age range of people will be sold/served attending the event 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 containers in which alcohol is to be sold/supplied (e.g. glass or plastic) **Designation sought** Undesignated – anyone of any age can be present. ☐ Supervised – persons under 18 years of age may be present if accompanied by a legal parent or guardian. Restricted – no person under 18 years of age may be present on the premises.

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, lease):						
Whether licence conditional on completion of b	uilding work]	Yes		No
Whether applicant owns proposed licensed pre If no, full legal name and address of owner:	mises			Yes		No
Details of Manager Name of person in charge of alcohol consumption	ion and sales at th	ne event:				
If they have a current Managers Certificate - ple	ease supply detail	s				
Certificate #:	Expiry date:					
Conditions - For All Licenses Experience and training of applicant in sale or s	supply of alcohol:					
Steps proposed to be taken to prevent the sale intoxicated people)	and supply of alc	ohol to pro	hibite	d peopl	e (e.g. 1	minors and

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?
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):

Notes

Date: _____

1. This form must be accompanied by the prescribed fee.

Signature of applicant:

I confirm that the above information is true and correct.

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.

Phone: +64 3 520 7400 | Email: mdc@marlborough.govt.nz

PO Box 443, Blenheim 7240, New Zealand