

Rangitikei District Council

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APPLICATION FOR ON LICENCE (FOR CONVEYANCE)

Form 3, Section 9, Sale of Liquor Act 1989

**To: The Secretary
The District Licensing Agency,
At Marton**

DATE RECEIVED

___/___/20___

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

DETAILS OF APPLICANT(S)

Full name _____

Address _____

Occupation _____

FULL postal address for service of documents

DAYTIME contact name and telephone number

Full name and address of proposed manager to be employed and Manager(s) Certificate

Number

Status of applicant (tick appropriate box):

- | | | |
|--|---|--|
| <input type="checkbox"/> Natural person | <input type="checkbox"/> Private company | <input type="checkbox"/> Public company |
| <input type="checkbox"/> Licensing trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> Local authority |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Government department or Other instrument of the Crown | <input type="checkbox"/> Manager under the Protection of Personal and Property Rights Act 1988 |
| <input type="checkbox"/> Body corporate to which section 8 (1) (ba) of the Act applies | <input type="checkbox"/> Board, organisation or other body to which section 8 (1) (bb) of the Act applies | |

FURTHER DETAILS WHERE THE APPLICANT IS A COMPANY

Date of incorporation _____

Place of incorporation _____

Full details of each director and the secretary as follows:

Name	Address	Date of Birth	Place of Birth	Designation

(In case only of a private company)

Authorised Capital Paid Up Capital

(In case only of a private company) Full details of each person who holds any shares issued by the company:

Name	Address	Date of Birth	Place of Birth	Designation	Face Value of Shares held

(In case only of a public company) Full details of each person who holds 20 percent 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 THE APPLICANT IS A PARTNERSHIP

Full details of each partner as follows:

Name	Address	Date of Birth	Place of Birth

Signature of each partner

CONVEYANCE DETAILS

Type of conveyance _____

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

Does the applicant own the conveyance?

Yes

No

If no, What is the full name and address of the owner?

And, What form of tenure of the conveyance will the applicant have (including term of tenure)?

What part (if any) of the conveyance does the applicant intend should be designated as:

A restricted area _____

A supervised area _____

Is the current Safe Ship Management Certificate (if a ship, ferry or hovercraft) or a current certificate of airworthiness (if an aircraft) in effect for this conveyance?

Yes

No

BUSINESS DETAILS

What is the general nature of the business to be conducted by the applicant if the licence is granted? (e.g.: Transportation of Passengers by Ship, Aircraft, Rail or Coach, Scenic Trips)

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?

Is the applicant engaged, or intending to be engaged in the sale or supply of any goods other than liquor and food or in the provision of any services other than those directly related to the sale or supply of liquor and food?

Yes

No

If yes, what is the nature of those other goods or services?

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

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

CONDITIONS

What provision does the applicant intend to make for the sale and supply of:

Food _____

Non-alcoholic refreshments _____

Low-alcohol beverages _____

What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of liquor to prohibited persons are observed?

What steps does the applicant propose to take to provide assistance with or information about alternative forms of transport from the licensed premises?

What other steps does the applicant propose to take aimed at promoting the responsible consumption of liquor?

Dated at _____ this _____ day of _____ 20 _____

Applicant _____

FEES

On Licence \$793.24 BYO Licence \$134.93

Receipt _____ Date _____

NOTES

1. In respect of the status of the applicant, see section 8 of the Sale of Liquor Act 1989.
2. For the matters that are to accompany this application see regulation (5) 3 of the Sale of Liquor Regulations 1990.
3. Within 20 working days after filing this application with the District Licensing Agency, the applicant must give public notice of an application in form 1. The notice must be published twice in a newspaper or newspapers circulating in the district and nominated by the Secretary of the District Licensing Agency, with not less than 5 days and not more than 10 days between the 2 dates of publication.

4. Within 10 working days after filing this application with the District Licensing Agency, the applicant must ensure that notice of the application in form 1A is attached to a conspicuous place on or adjacent to the site to which the application relates (unless the Secretary of the District Licensing Agency agrees that it is impracticable or unreasonable to do so).

CHECKLIST

Three copies of the application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The fee attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photo identification (sighted and photocopied)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Where the applicant is incorporated) A copy of the certificate of incorporation or other documentary evidence of its incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Where the applicant is a company) A copy of the memorandum of association, or other documentary evidence of its authority to sell liquor or to hold a licence under the Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Where the applicant is a board, organisation or body to which section 8 (1) (bb) of the Act applies) a reference to the Act under which the applicant is authorised to sell liquor or hold an on-licence under the Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Where the applicant is a manager acting for any person pursuant to a property order, made under the Protection of Personal and Property Rights Act 1988) a copy of the property order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Where the application is made in respect of any conveyance that is a ship, ferry, hovercraft or aircraft) a current Safe Ship Management certificate (if a ship, ferry or hovercraft) or a current certificate of airworthiness (if an aircraft)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A photograph of the exterior of the conveyance or an artist's impression of the exterior of the proposed conveyance as it will look when it is finished	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where applicable - A scale plan showing:		
1. Those parts of the conveyance that are to be used for the sale or supply of liquor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Those parts of the conveyance (if any) that the applicant intends should be designated as restricted or as supervised areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Each entrance to the conveyance that the applicant intends should be designated as a principal entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Where the applicant is not the owner of the premises) A written statement from the owner to the effect that the owner has no objection to the grant of the licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A menu or other indication of the standard and style of food to be provided or proposed to be provided	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLANNING CERTIFICATE AND BUILDING COMPLIANCE CERTIFICATE APPLICATION

For the purposes of the Sale of Liquor Act 1989

*There is no fee for this application

To: **The Secretary**
The District Licensing Agency,
At Marton

DATE RECEIVED

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DETAILS OF APPLICANT

Name _____

Address _____

Postal address (if different from above) _____

Phone (Home) _____ Phone (Business) _____

Fax _____ Cellphone _____

DETAILS OF PREMISES

Trading name _____

Address of proposed licensed premises _____

Legal description of site _____

Current use of the building _____

When did the current use commence _____

Owner's Name _____

Type of liquor licence sought

On licence

Off licence

Club licence

DETAILS OF APPLICATION

What is the general nature of the business to be conducted under the licence? (For example, hotel, tavern, restaurant, entertainment/night club, bottle store, club)

Will there be amplified music? Yes No

Will there be outdoor seating? Yes No

Days and hours of operation _____

Has the premises previously held a liquor licence?
 Yes No

If yes, how long has the licensed premises been operating? _____

Has a planning consent (including resource consent, specified departure or other) been issued related to the proposed activity? If so, please specify the details

If the proposal involves any alterations to the premises including new signage or changes to the nature of the business a resource consent and/or building consent may be required. Please describe any changes below and include relevant site plans, floor plans and elevation drawings

Signature of the applicant or person authorised to sign on behalf of the applicant

Signature of applicant _____ Date _____

This application must be accompanied with a copy of a current Building Warrant of Fitness and Certificate of Compliance with Inspection (Form 12a)