



# On Licence Application (for premises)

Section 9 Sale of Liquor Act 1989

## Guide for Applicants (please detach for your future reference)

Please read the application form thoroughly before completing.

The checklist below is to assist you with your application and to ensure that Council receives all the information required to process your application.

Your application must be filed with the Agency in which the premises are situated.

### Have you provided (All applications must have the following provided)

1.  Three complete copies of your application and attachment. (*Note: If 3 complete copies are not supplied, a photocopy and administration fee of \$15 will be charged and is payable before issue of a licence.*)
2.  Premises owner's letter of consent (refer to Application Q9). This letter is to include reference to any outside areas intended to be licensed.
3.  Evidence of Tenure (eg Lease Agreement – refer to Application Q9).
4.  A map showing the location of the premises.
5.  Scale floor plan of premises (showing any designated, restricted or supervised areas and every entrance) including specifically the principal entrance). The scale plan is to include and show the following: all areas inside and outside the premises where patrons will consume liquor including any decks and the footpath, and all entrances including the principle entrance.
6.  Certificate of Compliance with District Plan requirements (*if not supplied with the application a completed application form for a Certificate of Compliance is to be supplied - cost is \$110.*)
7.  Photograph or artists impression of exterior of building.
8.  Managers certificate of the person(s) intending to be the manager of the premises, or if this document has not been issued at the time of this application, the date the manager's certificate was filed with the District Licensing Agency \_\_ / \_\_ / \_\_ .
9.  Menu or description of food to be provided.
10.  Completed host responsibility policy questionnaire.
11.  Fee of \$776 for full licence or \$132 for BYO.

If you are applying as a Company/Partnership, you must also supply one of the following:

12.  Incorporated Society - Certificate of Incorporation or other documentary evidence, or;
13.  Company - Copy of Memorandum of Association or other documentary evidence of its authority to sell liquor or hold a licence under the Act, or;
14.  Partnership – Documentary evidence of a formal partnership,
15.  A Manager acting pursuant to property order - copy of order.

All of the above information must be supplied with your application. We are unable to commence processing until a complete application is received.

**Note:** As the applicant you are responsible for placing public notices on site and in the newspaper. Council will advise you of these requirements at the time of application. If you post in an application, please do not advertise immediately, but wait for Council to provide you with information and examples.



# On Licence Application

## Section 9 Sale of Liquor Act 1989

### Office Use Only

#### Criteria for Acceptance: Counter and Postal Applications

#### Application

<b>Page 1</b>	Check status of applicant (Q5) matches name of applicant (Q2).	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Page 2</b>	Check Q9 if the applicant does not own the premises, owners details required plus form/term of tenure answered.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Page 3</b>	Check that applicant has signed application and if a company, the relationship is identified.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Page 4</b>	Check Q21 and Q22. If the applicant is a company or partnership, this page must be completed.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>All Pages</b>	Check all questions answered and fee \$776 or \$132 for BYO attached.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

#### Guide for Applicants - Reference

<b>Q2 and Q3</b>	Check application Q9, if answer to Q9 is "No", letter of consent and evidence of tenure must be supplied.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Q6</b>	Check if Certificate of Compliance not supplied, completed application for Certificate must be supplied together with \$110 fee.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Q4, 5 and 7</b>	Map, scale floor plan and photograph or artist's impression supplied.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Q8</b>	Manager's Certificate supplied or date of application for certificate supplied (Insert in Application Q4).	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Q9 and 10</b>	Menu and completed host responsibility questionnaire supplied.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Q10-13</b>	Check applicant status (Q5) documentation supplied.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Applicant advised of advertising requirements.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

#### Note

If any criteria indicates "NO", the application is incomplete.

Is application complete?  Yes  No

If incomplete, date and method of Advice to Applicant stating requirements.

Date: \_\_\_\_\_ Method: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted by: \_\_\_\_\_  
(signature)

Name: \_\_\_\_\_

Receipting: LO/LIQL \$776 or \$132  
LO/RCON \$110 (if applicable)

DATE  
STAMP  
(if accepted  
as complete)



# On Licence Application

## Section 228 Sale of Liquor Act 1989

When this form is completed, return to:

The Secretary  
Western Bay of Plenty District Licensing Agency  
Private Bag 12803  
Tauranga 3143

**NOTES:**

- If you are posting this form and the application is assessed as incomplete, the application can not be processed and you will be informed).
- In assessing this application, the Western Bay of Plenty District Licensing Agency will deal only with relevant issues under the Sale of Liquor Act 1989. You will need to contact the Ministry of Health to have your premises assessed for compliance with the Smoke Free Environments Act 1990.

1. **Name of Business/Proposed Trading Name:** \_\_\_\_\_

2. **Name of Limited Company or Partnership or full legal names of Individual/s making Application** (please ensure that if the application is for a company or partnership, the company or partnership details are inserted on a separate enclosed form).

Occupation: \_\_\_\_\_

Postal Address for Service of Documents (this address will be used for **all** Council correspondence, not just liquor licensing).

3. **Daytime Contact Name and Telephone Number(s)** (capacity in relation to applicant: ie: Director or Secretary of Company or Club).

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Phone Work: \_\_\_\_\_ Phone Mobile: \_\_\_\_\_

4. **Full Name and Address of Proposed Manager:**

Name: \_\_\_\_\_ Manager's Certificate Number: \_\_\_\_\_

Address: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Work: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_

*Note: If the Proposed Manager is not a certified Manager, include details of the Temporary Manager and apply separately for a Manager's Certificate.*

5. **Status of Applicant:** (Please tick one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Natural Person   | <input type="checkbox"/> Partnership/Private Company                               | <input type="checkbox"/> Public Company  |
| <input type="checkbox"/> Licensing Trust  | <input type="checkbox"/> Local Authority   | <input type="checkbox"/> Trustee   |
| <input type="checkbox"/> Government Department/Other Instrument of the Crown                            | <input type="checkbox"/> Body Corporate to which Section 8(1)ba of the Act applies | <input type="checkbox"/> Manager Under the Protection of Personal Property Rights Act 1988 |
| <input type="checkbox"/> Board, Organisation, or Other Body to Which Section 30(1)bb of the Act applies |  |  |

6. **Where the Applicant is a Natural Person, has the Applicant been convicted of any offence?**  Yes  No  
If yes, provide details of any offence(s)

Nature of Offence	Date of Conviction	Penalty Suffered
_____	_____	_____

6. **Where the Applicant is a Natural Person, has the Applicant been convicted of any offence?** (continued)

(cont)

If yes, provide details of any offence(s)

Nature of Offence	Date of Conviction	Penalty Suffered
_____	_____	_____
_____	_____	_____

## Premises Details

7. **Address of Proposed Licensed Premises** \_\_\_\_\_

8. **Is a Licence sought conditional upon construction or completion of the premises?**  Yes  No

9. **Does the Applicant own the proposed licensed premises?**  Yes  No

If no, what is the full name and address of the owner? \_\_\_\_\_

What form of tenure will the applicant have on the property? \_\_\_\_\_

What is the term of tenure? \_\_\_\_\_

10. **Is the whole of the premises to be designated Restricted or Supervised?**  Yes  No

**Note:** In most instances the DLA will approve designated areas only

If No, what part (if any) of the premises does the applicant intend should be designated as:

A Restricted Area \_\_\_\_\_  
(Area where no one under the age of 18 years is permitted)

OR

A Supervised Area \_\_\_\_\_  
(Area where you are permitted if you are under the age of 18 years with supervision, by a parent or guardian)

(Include in a floor plan identification of the designated areas)

## Business Details

11. **What is the general nature of the business and style of licence to be conducted by the applicant if the licence is granted?** (eg tavern, restaurant, nightclub, brasserie, café)

\_\_\_\_\_

12. **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? \_\_\_\_\_

13. **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 service 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 and services? \_\_\_\_\_

\_\_\_\_\_

# Conditions

14. **When does the applicant intend to sell liquor under the Licence?**

Day	_____	Hours	_____
Day	_____	Hours	_____
Day	_____	Hours	_____
Day	_____	Hours	_____
Day	_____	Hours	_____

15. **Is this application for a BYO only On Licence endorsed under Section 28 of the Sale of Liquor Act?**  Yes  No

16. **Are any of the proposed days, dates or hours beyond those allowable in any resource consent granted to the applicant?**  Yes  No

If yes, the applicant must discuss this with Council's planning staff prior to making the application.

17. **What provisions does the applicant intend to make for:**

The sale and supply of:

- Food \_\_\_\_\_
- Low Alcohol Beverages \_\_\_\_\_
- Non-Alcoholic Refreshments \_\_\_\_\_

and Assistance or Information about Alternative Forms of Transport

18. **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?**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

20. **What provisions does the applicant intend to make for courtesy vehicle availability for patrons?**

\_\_\_\_\_  
\_\_\_\_\_

21. **Have you applied for Certificate of Registration under the Food Hygiene Regulations?**  Yes  No

If no, you must discuss this with Council's Environmental Health Officer.

# Statement of Safety

Tick One

The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of Section 214 of the Fire Service Act 1975; or

The building by reason of its current use, does not require such a scheme, or that the building is exempt from having to meet the requirements for such a scheme.

**Applicant's Signature**

\_\_\_\_\_

(Must be signed by the applicant personally)

**Date**

\_\_\_\_\_

If applying as a Company, please indicate your relationship to the Company eg Director/Secretary

**Relationship**

\_\_\_\_\_



# Certificate of Compliance

with Requirements of Resource Management Act and Building Code

Liquor Licence Application Number: \_\_\_\_\_

<b>Applicant</b>		<b>Premises</b>	
<b>Address</b>		<b>Legal Description</b>	
<b>Details of Licence</b>			

The building is *{delete whichever is not applicable}* a new building for the intended use, or an existing building that will not have a change of use, or an existing building that will have a change of use.

\_\_\_\_\_  
**Signature of Applicant/Agent**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

## To the Western Bay Of Plenty District Licensing Agency

This letter serves as a certificate for the purposes of Section 9(1)(e) and/or Section 31(1)(e), and/or Section 55(1)(e) of the Sale of Liquor Act 1989.

This certificate refers to a proposal as detailed above.

The proposed use of the building meets the requirements of the Resource Management Act, subject to the following:

- compliance with District Plan performance standards
- compliance with land use consent (LU \_\_\_\_\_) issued \_\_\_\_\_ (copy attached).
- Hours of Operation \_\_\_\_\_

Signed: \_\_\_\_\_  
Date / /  
Team Leader Consents/Other

The proposed use of the building meets the requirements of the NZ Building Code to the extent required by the Building Act 2004.

Signed: \_\_\_\_\_  
Date / /  
for Building Section

**An application fee of \$110 must accompany your application**

**Office Use Only: LO / RCON**

<b>Date Paid:</b>	<b>Receipt Number:</b>
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# Further Details where Applicant is a Company or Partnership

21. **Date of Incorporation:** \_\_\_\_\_ **Place of Incorporation:** \_\_\_\_\_

Enter full details of each Director and the Secretary:

<i>Name</i>	<i>Address</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Designation</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In the case of a private company:  Authorised Capital  Paid Up Capital

In the case of a private company. Full details of each person who holds any shares, or any particular class of shares, issued by the company.

<i>Name</i>	<i>Address</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Designation</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. **Further details where applicant is a partnership. Full details of each partner as follows:**

<i>Name</i>	<i>Address</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Designation</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. **Where the applicant is a company or partnership, has any shareholder, Director or Partner been convicted of any offence(s)?**  Yes  No

<i>Shareholder/Director/Partner</i>	<i>Nature of Offence</i>	<i>Date of Conviction</i>	<i>Penalty Suffered</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Sale of Liquor Act 1989

### Public Health Questionnaire for On-Licence and Club-Licence Applications

#### “Section 4: Object of the Act”

The purpose of the Sale of Liquor Act is to establish a reasonable system of control over the sale and supply of liquor to the public with the aim of contributing to the reduction of liquor abuse, so far as that can be achieved by legislative means.

This questionnaire helps ensure that licensees meet the requirements of the Sale of Liquor Act 1989 in relation to the public health consequences of alcohol use, such as alcohol-related health problems and preventable death or disability from alcohol-related motor vehicle crashes.

This questionnaire should be completed by the licensee/applicant and not a consultant.

Please return to:

The Medical Officer of Health  
c/- Trieste Ngawhika/Stephen Layne  
PO Box 2121  
TAURANGA 3140

Phone: 0800 221 555

**Sale of Liquor Act 1989**

Application for:      On Licence                                  New                        
                                 Club Licence                                  Renewal                  
                                 On (BYO) Licence   

Premises type:      Restaurant                  Conveyance                        
                                 Tavern                            Short Stay Hostel                  
                                 Hotel                            Entertainment Centre              
                                 Club                            Wine bar                        
                                 Nightclub                      Motel                        
                                 Other \_\_\_\_\_

Applicant: \_\_\_\_\_

Name of Premises: \_\_\_\_\_

Premises address: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (Premises) \_\_\_\_\_ (Other) \_\_\_\_\_

Operational hours: \_\_\_\_\_

Email address: \_\_\_\_\_

**Host Responsibility**

Do you have a written policy on host responsibility?      Yes       No

If yes, please attach a copy.

Is it displayed for your patrons?      Yes       No

Do you require further information on host responsibility guidelines?      Yes       No

Do you provide training to staff on their responsibilities in helping to provide a safer drinking environment?

Yes  No

If yes: In-house training  By whom: \_\_\_\_\_  
Courses  Provided by: \_\_\_\_\_

How do you monitor the performance of staff in relation to their responsibilities under the Sale of Liquor Act 1989?

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Do you have an incident register for recording events such as fights, ejections, and attempts to purchase by minors and intoxicated persons? Yes  No

How do you prevent intoxicated people from entering your premises?

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How do you identify if a person is becoming intoxicated?

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What steps do you take to ensure that patrons do not reach a state of intoxication?

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Do you display signage stating that intoxicated patrons will not be served alcohol?

Yes  No

(This signage can be provided for free by Toi Te Ora Public Health Service).



**Alcohol Promotion**

Do you run promotions offering reduced price liquor (e.g. happy hours, give-aways, 2 for 1 deals etc)?

Yes  No

Do you run promotions offering alcohol in non-standard measures? Yes  No

Do you run promotions offering alcoholic drinks which by virtue of their descriptive titles encourage excessive consumption of alcohol (e.g. shooters, slammers, blasters etc)? Yes  No

Describe the type and duration of your promotions.

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**Food**

Food slows the rate of absorption of alcohol and a **minimum of three types** of food should be available at all times – this does not mean three types of pie. Nuts and crisps are not sufficient. Please provide a menu or list the range of foods available.

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Please state the times food is available.

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Food must be actively promoted. How do you promote the availability of food?

- Menu Yes  No
- Blackboard Yes  No
- Signs Yes  No
- Other: \_\_\_\_\_

**Low and Non-Alcoholic Drinks**

List the range of low alcohol (<2.5% alcohol) beverages that are available.

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How are they promoted?

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List the range of non-alcoholic beverages that are available.

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How are they promoted?

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Is water available at all times at no cost? Yes  No

**Smoke-free Environments Act 1991**

*Since 10 December 2004 it has been an offence to permit smoking in the internal areas of licensed premises. The licensee is required to take all reasonably practicable steps to prevent people smoking inside.*

Do you display signage at all entrances to your premises indicating that smoking is not permitted inside? Yes  No

Do you have a policy for dealing with patrons who smoke in internal areas? Yes  No

If you have cigarette-vending machines, are they in view of the bar staff and operated by a remote control device? Yes  No  N/A

Are all points of sale (including vending machines) marked with a Smoking Kills sign as required under the Smoke-free Environments Act 1990? Yes  No  N/A

Thank you for your co-operation.

*Name and designation of person completing this form:*

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*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_