



Application for Temporary Authority

Sections 24 and 47 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. 2 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 Q6).
3. Evidence of Tenure (eg Lease Agreement – refer to Application Q6).
4. Evidence of Right, Title, Estate or Interest in the premises (refer to Application Q7). Whilst the evidence will vary depending upon the answer, at a minimum a written and signed statement will be acceptable.
5. Incorporated Society - Certificate of Incorporation or other documentary evidence, or;
6. Company - Copy of Memorandum of Association or other documentary evidence of its authority to sell liquor or hold a licence under the Act, or;
7. Partnership – Documentary evidence of a formal partnership
8. A Manager acting pursuant to property order - copy of order
9. Fee of \$132.

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



Temporary Authority Application

Office Use Only

Criteria for Acceptance: Counter and Postal Applications

Application

Page 1	Check Q4 Licence Number supplied and exists	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Page 1	Check Q6 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
Page 1	Check Q7 evidence of right, title, estate or interest supplied. Note: What evidence is to be supplied will vary depending on the answer, at the minimum a written and signed statement will be acceptable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Page 2	Check Q10 and Q11. If the applicant is a company or partnership, this page must be completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Page 3	Check that applicant has signed application and if a company, the relationship is identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All Pages	Check all questions answered and fee \$132	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Guide for Applicants - Reference

Q2 and Q3	Check application Q6, if answer to Q9 is "No", letter of consent and evidence of tenure must be supplied.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q5-Q8	Company/Partnership documentation supplied	<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 \$132

DATE
STAMP
(if accepted
as complete)



Temporary Authority Application

Sections 24 and 47, 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

(NOTE: If you are posting this form and the application is assessed as incomplete, the application can not be processed and you will be informed)

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: _____

Licence Details

4. **Type of Licence:** *(Please tick one)*

On Licence

Off Licence

Licence No _____

Premises Details

5. **Address of Licensed Premises** _____

6. **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 Club have? _____

What term of tenure? _____



7. **What right, title, estate or interest does the applicant have in the premises?**

Further Details

8. **Does the applicant intend to carry on the sale and supply (or delivery) of liquor personally?** Yes No

If No, then provide

Name: _____ Address: _____

Occupation: _____

of the person through whom the applicant intends to carry on the sale and supply (or delivery of liquor).

9. **What are the reasons for this application?**

Further Details where Applicant is a Company or Partnership

10. 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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. 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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature _____ **Date** _____
(Must be signed by the applicant personally)

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

Relationship _____

