



Application for a Special Licence

Sections 138, Sale and Supply of Alcohol Act 2012

To: The Secretary,
Kaikoura District Licensing Committee,

C/- The Secretary
Kaikoura District Council
PO Box 6
Kaikoura 7300

Application for a special licence is made in accordance with the details set out below:

1. Applicant details

(a) Surname: First names:
Date of Birth: Country of Birth: Place of Birth:

(b) Contact Name:

(c) Postal Address:.....
Residential Address:.....

(d) Home phone: Work phone: Cell phone:

(e) Email:

(f) Is this Licence sought for a premise / site **or** conveyance (e.g. vehicle, ship, train)

(g) Is this a On-site application **or** Off-site application
or Combined on/off-site application

(h) Have you applied for this Special Licence **20 working days** before the event?

Yes No

If **no**, was this event reasonably foreseeable? Please provide details?

(i) Status of applicant: **(This must be the entity receiving any monies from the event(s))**

Natural Person	<input type="checkbox"/>	Private Company	<input type="checkbox"/>	Public Company	<input type="checkbox"/>
Licensing Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Club	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	Trustee	<input type="checkbox"/>	Government Department	<input type="checkbox"/>
Body Corporate to	<input type="checkbox"/>	Other	<input type="checkbox"/>	(Or instrument of the Crown)	

which Section 391bb of the Act applies

2. Further details where the licensee is a company

(a) Date of incorporation:

(b) Place of incorporation:

Full details of each director and the secretary

Surname: First names:

Address:.....

Date of Birth: Country of Birth: Place of Birth:

Position held:.....

Have you had any criminal convictions (including traffic but not parking)? Yes / No

If **yes**, please state:

Nature of offence: Date of conviction: Penalty:

Nature of offence: Date of conviction: Penalty:

Surname: First names:

Address:.....

Date of Birth: Country of Birth: Place of Birth:

Position held:.....

Have you had any criminal convictions (including traffic but not parking)? Yes / No

If **yes**, please state:

Nature of offence: Date of conviction: Penalty:

Nature of offence: Date of conviction: Penalty:

3. Further details where the licensee is a partnership**Full details of each partner**

Surname: First names:

Address:.....

Date of Birth: Country of Birth: Place of Birth:

Have you had any criminal convictions (including traffic but not parking)? Yes / No

If **yes**, please state:

Nature of offence: Date of conviction: Penalty:

Nature of offence: Date of conviction: Penalty:

Signature:

Surname: First names:

Address:.....

Date of Birth: Country of Birth: Place of Birth:

Position held:.....

Have you had any criminal convictions (including traffic but not parking)? Yes / No

If **yes**, please state:

Nature of offence: Date of conviction: Penalty:

Nature of offence: Date of conviction: Penalty:

Signature:

4. Details of premises

(a) Trading name for premises (if any):.....

(b) Address of (**proposed** licensed) premises:

(c) Does the licensee own the (proposed licensed) premises? Yes No

If **no**:

i. What is the full name and address of the owner?

.....

5. Details of conveyance (if applicable)

(a) Type of conveyance (eg. ship, railway carriage, bus):

(b) Does the licensee own the proposed conveyance? Yes No

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

.....

(c) Home base address:

(d) Any name used or proposed for conveyance:

(e) Provide registration number:

6. Designated Areas

(a) What part (if any) of the premises does the licensee intend should be designated as:

- i. A restricted area (state):
- ii. A supervised area (state):
- iii. An undesignated area (state):

7. Event Details

(a) What is the principal purpose of this event?

(b) On which days and during which hours does the applicant propose to sell alcohol under the licence?

(c) Is the 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? Yes No

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

(d) Estimate number of people attending the event?

- (e) Estimate the number of people under the age of 18 years?
- (f) What types of containers do you intend to sell alcohol in?
- (g) What alcoholic drinks do you intend to sell? (eg. wine, beer, RTD's)

8. Conditions

- (a) What steps does the applicant propose to take to provide assistance with or information about alternative forms of transport from the licensed premises?
- (b) What other steps does the applicant propose to take aimed at promoting the responsible consumption of alcohol?
- (c) State the experience and training of the applicant:
- (d) What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of alcohol to prohibited persons are observed?

(On-site Special Licence Only)

- (e) What provision does the applicant intend to make for the sale and supply of :
 - i. Food? (details of food)
 - ii. Non-alcoholic refreshments? (details of these)
 - iii. Low-alcohol beverages? (details of these)
 - iv. Water? Where is it freely available?

9. Details of Manager (Certified or acting as manager)

How many managers have been/will be appointed?

Manager details
 Name:.....
 Address:.....
 Certificate Number:.....

Name:.....
 Address:.....
 Certificate Number:.....

Name:
 Address:

 Certificate Number:

10. Signature and Date

Dated at.....this.....day of..... 20.....

Signature of applicant:

Notes:

- This form must be accompanied by the prescribed fee

Please Attach

- **A plan of the building or area to be licensed**
- **Any relevant publicity material**
- **Please ring Council for the prescribed fee applicable for this Licence on 03 319 5026**
- **Cheque for \$ made payable to the Kaikoura District Council or bank number
02 0856 0011698 000**

OFFICE USE ONLY

Receipt Number _____

Date: _____

PUBLIC HEALTH QUESTIONNAIRE FOR SPECIAL LICENCE

Application Details

Name of Applicant:

Address:

Email Address:

Name of person(s) who is/are responsible for management of the Sale and Supply of Alcohol:

Contact phone number:

Event details

Date and duration of event:

What are the intended hours for sale and supply of alcohol?

What is the occasion or event:.....

What is the target audience and age bracket catered for?

Event Management

What is the role of the venue operators in the event.....

Do you have an Alcohol Management Plan Yes No

If yes please attach

Do you have a Security Yes No

How many certificated managers do you have

Food

What types of food will be available

..... *If you have a menu please attach.*

How is food availability notified.....

How many outlets will food be available from?

Where will food outlets be located

Low and non-alcoholic beverages

What low-alcohol beverages will you be providing?

.....

What non-alcoholic beverages will you be providing?

.....

Amenity and Good Order

What steps, if any, are in place to minimise potential for complaints?

.....

.....

Staff Training

Do you provide training to staff on the Sale and Supply of Alcohol Act Yes No

If Yes: In-house training, by whom?.....

Courses, provided by?

Intoxicated Patrons

a. How will you prevent intoxicated people from entering your event?

.....

.....

b. How will you identify if a person is intoxicated?

.....

.....

c. What process do you have to deal with intoxicated patrons?

.....

.....

d. What process do you have to prevent sales to intoxicated patrons?.....

.....

.....

e. Is water freely available? Yes No

Alcoholic Beverages

Which types of alcoholic beverages will be available for sale at your event (tick as many as appropriate)?

Beer Wine Spirits RTDs

What types of containers will alcohol be sold in?.....

.....

.....

How many containers can be purchased at one time?.....

Minors

a. What identification will you or your staff accept to identify minors and prevent them being sold alcohol?

NZ photographic driver’s license Yes No

NZ or overseas passports Yes No

Hanz 18+ card Yes No

Other forms of I.D.

b. Do you display signage stating alcohol will not be sold to minors? Yes No

c. What process do you have to prevent minors from entering your premises?.....

.....

UNTERTAKING FROM LICENSEE

I.....(full name), the licensee*/Authorised Agent/Nominated Contact for this application acknowledge that I have read and understood each of the above questions and I agree to comply with the host responsibility measures outlined here throughout the duration of the licence. I also acknowledge that Compliance Officers, on behalf of the Medical Officer of Health, may visit in order to undertake a Sale and Supply of Alcohol Act 2012 compliance check.

Signed: Dated:.....

Position/Title:

*In the case of a corporation this application is to be signed by the Operations Manager responsible for the event. The submission of this Public Health Questionnaire is not complete until it has been signed either by the Licensee or Operations Manager for the premises, or an authorised agent or another nominated contact. The information contained within this Public Health Questionnaire may be shared with other Statutory Agencies, including Police, Liquor Licencing Inspectors or Fire Service.