



# Application for On-Licence or renewal of On-Licence (Form 3)

Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

Send or deliver your application to: The Secretary, Manawatu District Licensing Committee  
Manawatu District Council  
Private Bag 10 001, Feilding 4743  
135 Manchester Street, Feilding 4702

For enquiries phone 06 323 0000 fax 06 323 0822 email public@mdc.govt.nz

## Application type

Are you applying for a new licence or a licence renewal?  New  Renewal

Is a licence already held for the premises or conveyance concerned?  Yes  No

If yes - state which type of licence .....

## Applicant details

Full name(s) to be on the licence .....

Contact person .....

Contact postal address .....

Contact numbers .....

Phone Mobile Fax

Email address .....

Preferred means for formal correspondence  Mail  Email  Fax

## Details of premises (for premises only)

Proposed trading name .....

Premises address .....

## Details of premises (for premises only) (cont)

Type of premises

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Class 1 Restaurant | <input type="checkbox"/> Class 2 Restaurant | <input type="checkbox"/> Class 3 Restaurant                     | <input type="checkbox"/> BYO Restaurant      |
| <input type="checkbox"/> Night Club         | <input type="checkbox"/> Hotel              | <input type="checkbox"/> Other premises<br>please specify below | <input type="checkbox"/> Cinema              |
| <input type="checkbox"/> Tavern             | <input type="checkbox"/> Function centre    | .....   | <input type="checkbox"/> Theatre             |
| <input type="checkbox"/> Adult premises     |   |   | <input type="checkbox"/> Winery cellar doors |

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

A restricted area? .....

A supervised area? .....

Undesignated area?  
(specify reason) .....

Does the licensee own the proposed licensed premises?

Yes

No

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

.....  
.....

What form of tenure of the premises does the applicant have (including term of tenure)?

.....  
.....

## Conveyance details (for conveyance only)

State the type of conveyance,  
e.g. bus, railway carriage etc .....

Name used or proposed  
name for conveyance .....

Registration number .....

Home base address .....

Company name of the  
conveyance to be used .....

Does the applicant own the proposed licensed conveyance?  Yes

No

Is the licence sought conditional on construction or  
completion of building work?  Yes

No

If no: State full legal name and address of owner

.....  
.....

What form of tenure does the applicant have, e.g. charter, lease, licence, etc.

.....  
.....

## Alcohol trading hours

On which days and during which hours does the applicant propose to sell or supply alcohol under the licence?

Day of week	Hours	
	from	to
	from	to
	from	to
	from	to

For renewal applications

Do you propose to change your current licensed hours?

Yes

No

Please specify your current licensed hours below

Day of week	Hours	
	from	to
	from	to
	from	to
	from	to

## Endorsements

Tick the type of endorsement sought or sought to be renewed

BYO restaurant

Caterers on-licence

## Further applicant details

Status of applicant

Individual person

Body Corporate (state authority) .....

Private Company

Partnership

Public Company

Other (please specify) .....

Further details where the applicant is an individual person

Male

Female

Place and date of birth .....

Maiden name (if applicable) .....

Aliases .....

Usual residential address .....

Occupation .....

Further details where the applicant is a body corporate

Incorporation details

Date of incorporation .....

Place of incorporation .....

## Further applicant details (cont)

### Further details where the applicant is a private company

#### Incorporation details

Date of incorporation .....

Place of incorporation .....

Capital  Authorised capital  Paid-up capital

#### Full details of each director, secretary and each person who holds shares issued by the company

Name .....

Address .....

Position held .....

Place and date of birth .....

Designation .....

Face values of shares held .....

Name .....

Address .....

Position held .....

Place and date of birth .....

Designation .....

Face values of shares held .....

Name .....

Address .....

Position held .....

Place and date of birth .....

Designation .....

Face values of shares held .....

Name .....

Address .....

Position held .....

Place and date of birth .....

Face values of shares held .....

### Further details where the applicant is a public company

#### Incorporation details

Date of incorporation .....

Place of incorporation .....

Capital  Authorised capital  Paid-up capital

#### Full details of each director, secretary and each person who holds 20 percent or more of the shares, or of any particular class of shares issued by the company

## Further applicant details (cont)

Name .....

Address .....

Position held .....

Place and date of birth .....

Name .....

Address .....

Position held .....

Place and date of birth .....

Name .....

Address .....

Position held .....

Place and date of birth .....

Name .....

Address .....

Position held .....

Place and date of birth .....

### Further details where the applicant is a partnership

Full details of each partner

Name .....

Address .....

Signature .....

Place and date of birth .....

Name .....

Address .....

Signature .....

Place and date of birth .....

Name .....

Address .....

Signature .....

Place and date of birth .....

State all criminal convictions (other than convictions for offences against the Land Transport Act 1998 not contained in Part 6, and offences to which Criminal Records (Clean Slate) Act 2004) applies. Include directors, secretaries, shareholders and partners.

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.....  
.....  
.....

## Business details

Describe the principal business to be conducted on the premises if the on-licence is granted and any other business?

.....  
.....  
.....

Is the sale of alcohol intended to be the principal purpose of the business?  Yes  No

Does the applicant seek the licence in connection with the business of an auctioneer?  Yes  No

Is the applicant engaged in or intending to be engaged in the sale or supply of any goods other than alcohol or 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?

.....  
.....  
.....

## Certified managers details

When alcohol is being sold or supplied to the public a certified manager (appointed under Section 217 (of the Sale and Supply of Alcohol Act 2012) must be on duty at all times.

How many certified managers have been or will be employed? .....

Manager details

Name .....

Address .....

Certificate number ..... Expiry date .....

Manager details

Name .....

Address .....

Certificate number ..... Expiry date .....

Manager details

Name .....

Address .....

Certificate number ..... Expiry date .....

Manager details

Name .....

Address .....

Certificate number ..... Expiry date .....

## Conditions

What systems (including staff training) does the applicant propose to put in place to ensure compliance with the Sale and Supply of Alcohol Act?

.....  
.....  
.....

What steps does the applicant propose to take to prevent the sale of alcohol to prohibited people?

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.....  
.....

In the event the evidence of age documents are required, what documents will the applicant request?

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.....  
.....

To what extent, and where, is drinking water intended to be available to patrons?

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.....  
.....

If no access to mains water supply, what potability of water is intended to be available?

.....  
.....  
.....

State the experience and training of applicant.

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.....  
.....

What action does the applicant intend to take to mitigate any adverse effects on neighbouring land use from activities, such as amplified music?

.....  
.....  
.....

Provide details of type and range of the following to be available for purchase.

Food

.....  
.....  
.....

Non-alcoholic  
refreshments

.....  
.....  
.....

## Conditions (cont)

Low alcohol beverages .....

.....

.....

What steps does the applicant propose to take in regard to:

Provision of assistance with or information about alternative forms of transport?

.....

.....

.....

Promoting responsible consumption of alcohol?

.....

.....

.....

### For renewal licences

Are there any other changes sought to the present conditions of the licence?

Yes

Please specify below

No

What are the changes sought?

.....

.....

.....

What are the full reasons for the changes sought?

.....

.....

.....

## Amenity and good order details

To support your application please supply the information required and answer the questions listed below.

Provide a scale floor plan which also shows the design and layout of the premises. Include seating and tables, a list of facilities, CCTV placement and security lighting.

The reporting agencies must consider the effects the issue of the licence will have on amenity and good order.

Advise proximity of all childcare centres, schools and churches within 500m - a site plan would assist.

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.....

How many residential neighbours would you have within 50 metres?

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## Amenity and good order details (cont)

Internal layout. Can the entire premises be seen by the cashier? Where there are blind spots, are there mirrors or CCTV installed? Is the internal lighting inside the premises suitable?

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.....  
.....  
.....

Are there windows providing good visibility into and from the premises and the street?

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.....

Does the lighting outside the premises discourage loitering? Does the lighting allow staff to check ID's etc?

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What security systems do you have and state location (outdoor lighting, indoor/outdoor CCTV, other?)

.....  
.....

Will you employ security staff and when will they be used?

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.....

How many security staff hold a Certificate of Approval and formal registration or qualification? If so what?

.....  
.....  
.....

### Noise

Explain clearly all types\* of entertainment you will be providing and when (\*amplified music or large crowd noise related).

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.....  
.....  
.....

Do you have a noise management plan or acoustic report?

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.....

What sound proofing has been undertaken?

.....  
.....

What outside advertising involving alcohol will you be doing? Design drawings of your advertising would be of assistance.

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper/magazine            | <input type="checkbox"/> Shop windows          |
| <input type="checkbox"/> On your premises - roof/other | <input type="checkbox"/> Street/footpath signs |

## Amenity and good order details (cont)

### Systems and staff training

Are you involved in any mystery shopper/pseudo CPO programmes?

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What till prompt systems do you have regarding age checks?

.....

What staff training is provided with regard to Sale of Alcohol compliance and Host Responsibility practices - explain content, duration and how often this training is provided.

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.....

Please provide copies of any written material you supply to staff regarding staff training (attach to this form).

### Business and premises

Is this your first licensed premises? If so, please submit a copy of your financial plan?

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What percentage of the front windows will be clear and transparent?

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What is the target market for the business?

.....

.....

What is your policy regarding pricing and promotions?

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.....

*The granting, or renewal of this application will contribute to the Object of the Act by:*

Steps taken to ensure the sale, supply and consumption of alcohol will be undertaken safely and responsibly:

.....

.....

.....

Steps taken to minimise the harm caused by the excessive or inappropriate consumption of alcohol:

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.....

.....

## Amenity and good order details (cont)

### For renewal licences

Have you had any complaints from the neighbours (including confirmed noise complaints) that you are aware of?

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Has your business been subject to a Police Controlled Purchase Operation (CPO)? If so, what were the results?

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.....

Have you or your business ever appeared before the Alcohol Regulatory and Licensing Authority? If so, for what reason?

.....

.....

.....

## Attachments

Please ensure that you have ticked all the boxes below before submitting the application to the Manawatu District Licensing Committee.

Applicant check	Officer check
<input type="checkbox"/> The prescribed fee is attached (this will be determined by a licensing inspector once your application has been assessed): Premises type ..... weighting ..... Latest Trading Time ..... weighting ..... No of Enforcements ..... weighting ..... Total weighting ..... Fee category ..... Fee \$..... This fee is not refundable.	Yes / No
<input type="checkbox"/> Details of managers to be employed (including copies of managers certificates)	Yes / No
<input type="checkbox"/> An example page from your duty manager register ( <i>renewal only</i> )	Yes / No
<input type="checkbox"/> Planning Certificate ( <i>not required for renewals unless a variation to conditions requested</i> )	Yes / No
<input type="checkbox"/> Building Certificate of Compliance ( <i>not required for renewals</i> )	Yes / No
<input type="checkbox"/> Building owner's permission in writing consenting to the applicant selling alcohol from the premises ( <i>not required for renewals</i> )	Yes / No
<input type="checkbox"/> For a body corporate - a copy of the Certificate of Incorporation ( <i>not required for renewals unless changes have occurred since the last issue or renewal</i> )	Yes / No
<input type="checkbox"/> For a partnership – a copy of the partnership agreement ( <i>not required for renewal unless changes have occurred since the last issue or renewal</i> )	Yes / No
<input type="checkbox"/> A photo or artist's impression of the outside of the premises ( <i>not required for renewal unless changes have occurred since the last issue or renewal</i> )	Yes / No

## Attachments (cont)

Applicant check	Officer check
<input type="checkbox"/> Detailed floor plan showing: <ul style="list-style-type: none"> <li>• those parts of the premises that are to be used for the sale and supply of alcohol</li> <li>• each area to be designated as a supervised area or restricted area</li> <li>• the principal entrance or principal entrances</li> </ul>	Yes / No
<input type="checkbox"/> A copy of all menus and a complete list of all alcoholic, low-alcohol and non-alcoholic drinks to be available including the details of how free water will be made available	Yes / No
<input type="checkbox"/> A copy of your host responsibility policy and details in an implementation plan how the policy will be put into practice	Yes / No
<input type="checkbox"/> A location map of the premises	Yes / No
<input type="checkbox"/> A location map highlighting proximity to sensitive premises such as schools, hospitals, churches	Yes / No
<input type="checkbox"/> A report detailing how the proposed business will mitigate any risk which could negatively impact the local community	Yes / No
<input type="checkbox"/> A business case. (This should detail the operation of the business including target market, licensee experience and licensee involvement, staff training and any other matter which may assist in determining the application.)	Yes / No
<input type="checkbox"/> CPTED site assessment ( <i>if completed by applicant as part of the amenity and good order details</i> )	Yes / No
<input type="checkbox"/> Public Notice (newspaper) – the notice must be completed and attached for checking before being placed in the newspaper	Yes / No
<input type="checkbox"/> Public Notice (site notice) – the notice must be attached where it can be conveniently read by a person outside the premises	Yes / No
<input type="checkbox"/> Fire evacuation statement	Yes / No
<input type="checkbox"/> A letter of authorisation if you are using a consultant	Yes / No
<input type="checkbox"/> NEW - Completion of Health Registration Form and appropriate fee:	Yes / No
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• Change of ownership for existing health licence - \$80.00</li> </ul>	Yes / No
<input type="checkbox"/> <ul style="list-style-type: none"> <li>• New Health Licence – refer Fees and Charges for applicable fee</li> </ul>	Yes / No
<input type="checkbox"/> Do you require a street users permit? If yes, attach a copy of the permit	Yes / No

## Applicants declaration

I declare that to the best of my knowledge and belief the information provided in this application form and in any supporting documentation is true and correct.

.....  
Name (print clearly) Title

.....  
Signature Date

.....  
Place where dated and signed eg Feilding

Please note - your application, including personal information, will be available to the public and media as part of the Council's decision-making process.

## For your information

1. This form must be accompanied by the prescribed fee.
2. Within 20 working days after filing this application with the District Licensing Committee (or 10 working days if it is an application for renewal), the applicant must give public notice of it in form 7. The notice must be given in compliance with regulation 36, 37, or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application).
3. Except in the case of a conveyance, within 10 working days after filing this application with the District Licensing Committee, the applicant must ensure that notice of this application in form 7 is attached in a conspicuous place on or adjacent to the site to which this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).

Once your application is complete, make an appointment for a pre-lodgement meeting with the Licencing Inspector. Please telephone 06 323 0000.

### For office use only

Vetted by .....  
Council Officer Date

Fee paid .....

Receipt number .....