

# New Off Licence

## Application Pack

- Application checklist
- Fee calculator
- **Section 1:** Off Licence Application *which includes*
  - › Public Notices
  - › NZ Fire Declaration of Evacuation Scheme
  - › NDHB Public Health Questionnaire
- **Section 2:** Liquor Planning Certificate Application
- **Section 3:** Building Code Certificate Application

## Please provide the following

Applicant	WDC	
<input type="checkbox"/>	<input type="checkbox"/>	Completed, <b>signed and dated</b> application form
<input type="checkbox"/>	<input type="checkbox"/>	Application fee
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Incorporation <b>and</b> Company Extract <i>if the applicant is a Company/Incorporated Society or Club</i>
		<b>OR</b>
		Limited Partnership Certificate <b>and</b> Partnership Extract, if any <i>if the applicant is a Partnership</i>
<input type="checkbox"/>	<input type="checkbox"/>	Map showing the location of premises within the Whangarei District
<input type="checkbox"/>	<input type="checkbox"/>	Photo/Artist impression of outside of the premises
<input type="checkbox"/>	<input type="checkbox"/>	Detailed A4 scale plan showing: <i>please highlight</i> <ul style="list-style-type: none"> <li>• Principle entrance/s</li> <li>• Area where alcohol will be sold and supplied</li> <li>• Area to be designated as supervised or restricted</li> <li>• The single area (including any sub-areas) required in section 113 of the Act <i>if a grocery store or supermarket</i></li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Written statement from building owner consenting to the applicant selling alcohol from the premises
<input type="checkbox"/>	<input type="checkbox"/>	Copy of each Manager's Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Staff Training Plan
<input type="checkbox"/>	<input type="checkbox"/>	Brief written statement describing the way the business will operate
<input type="checkbox"/>	<input type="checkbox"/>	NZ Fire Declaration of Evacuation Scheme
<input type="checkbox"/>	<input type="checkbox"/>	NDHB Public Health Questionnaire
<input type="checkbox"/>	<input type="checkbox"/>	Public Notice Form 7, completed (and submitted to Council for website)
<input type="checkbox"/>	<input type="checkbox"/>	Public Notice Form 7, completed (and displayed in premises window)
<input type="checkbox"/>	<input type="checkbox"/>	<i>(For Grocery Stores)</i> A verified statement of annual sales revenue required by regulation 12 or 13 (as the case requires) of the Sale and Supply of Alcohol Regulations 2013. The statement is to detail gross sales revenue, excluding GST, of food products, household items, alcohol, tobacco, convenience foods and other revenue (excluding revenue from NZ Lotteries). <b>Note – Food product is defined in Section 33(1) of the Act and convenience food is defined in regulations 3 of the Sale and Supply of Alcohol Regulations 2013.</b>

**An application is not duly made (complete) unless the information listed above has been provided, and payment has been made in full. An incomplete application will be put on hold.**

## Supporting Applications

Applicant	WDC	
<input type="checkbox"/>	<input type="checkbox"/>	Application for Liquor Planning Certificate has been applied for <i>to confirm that the proposed use of the premises meets the requirements of the Resource Management Act</i>
<input type="checkbox"/>	<input type="checkbox"/>	Application for Building Code Certificate has been applied for <i>to confirm that the proposed use of the premises meets the requirements of the Building Code, Building Act 2004</i>

## Public Notices

Council publish all public notices online which are available to view for 25 working days after publication. This is a free service. The public notice will be available to view within 20 working days of the application being duly made.

You can find your Public Notice at [www.wdc.govt.nz/AlcoholNotices](http://www.wdc.govt.nz/AlcoholNotices) once published.

Within 10 working days after filing this application with the District Licensing Committee, the applicant must also complete Form 7 and attach in a conspicuous place on or adjacent to the site to which the application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so). **This does not apply to a conveyance.**

## Application Fee

Fees are based on a “cost/risk rating” of each premise and take into account the type of premises, hours of operation and any enforcement actions in the previous 18 months. A weighting for each of these will produce the rating for the premises as shown below.

The “cost/risk rating” is the combined total of the weightings for each of the three parameters set out below. To determine the “cost/risk rating” for your premises, add the three weightings applicable to your premises.

Type of premises (off licences)	Weighting
Supermarket, grocery store, bottle store	15
Hotel or tavern with off licence	10
Remote sale premises, other premises not specified elsewhere	5
Winery cellar doors	2

Latest trading time allowed by off licence	Weighting
10pm or earlier	0
Any time after 10pm	3

Number of enforcements in last 18 months	Weighting
None	0
1	10
2 or more	20

Cost/Risk rating	Fee Category	Application fee	Annual fee
0-2	Very low	\$600	\$262
3-5	Low	\$994	\$637
6-15	Medium	\$1,456	\$1,031
16-25	High	\$1,669	\$1,687
26+	Very high	\$1,969	\$2,344

- These fees are as per the current years' Fees and Charges and are inclusive of GST.
- If the application is granted, the annual fee must be paid before the licence will be issued. An invoice will be issued (if it hasn't been done so already) once the decision is made.

## **Section 1**

# **Off Licence Application**

**OFFICE USE ONLY**

Fee

Application ID

Date fee paid

Customer Service Rep

Receipt number

## Application for Off-Licence

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

To: The Secretary  
District Licensing Committee  
Whangarei District Council  
Private Bag 9023  
WHANGAREI 0148

Application for an **Off-Licence** is made in accordance with the details set out below:

### Details of Application

Type of application (*tick box that applies*): New Off-LicenceIs a licence already held for the premises or conveyance concerned?  Yes  NoIf YES, state kind of licence and licence number:  On  Off  Club

Licence number: ..... Expiry date: .....

### Endorsements

Type of endorsement(s) sought (*tick boxes that apply*): Auctioneer Remote Sales

### Details of Applicant

Full legal name or names to be on licence: .....

Contact person: ..... Driver Licence number: .....

Email: ..... Phone: .....

Postal address for service of documents: .....

Business Details (*describe principal business, any other businesses*):  
.....  
.....Has the applicant been convicted of any offence?  Yes  NoIf YES, what was the nature and date of the offence? (*exclude convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate Act) 2004 applies*):  
.....  
.....

## Type of Licence sought

Please state under what section of the Act this off licence is sought (*tick only one*):

- Section 32(1) (a) to the holder of an on-licence issued for a hotel or tavern, for the premises (or part of the premises) for which the on-licence is held;
- Section 32(1) (b) for retail premises where (in the opinion of the licensing authority or licensing committee concerned) at least 85% of the annual sales revenue is expected to be earned from the sale of alcohol for consumption somewhere else;
- Section 32(1) (c) - if (i) the premises for which it is to be issued are not retail premises; and  
(ii) at least 85% of the annual income of the person to whom it is to be issued is (in the opinion of the licensing authority or licensing committee concerned) expected to be earned from the remote sale of alcohol;
- Section 32(1) (d) - or premises where (in the opinion of the licensing authority or licensing committee concerned) the principal business carried on is the manufacture of alcohol;
- Section 32(1) (e) for premises that (in the opinion of the licensing authority or licensing committee concerned) are a supermarket with a floor area of at least 1000 m<sup>2</sup> (including any separate departments set aside for such foodstuffs as fresh meat, fresh fruit and vegetables, and delicatessen items);
- Section 32(1) (f) for premises that (in the opinion of the licensing authority or licensing committee concerned) are a grocery store.
- Section 34 - Exception for certain areas where some licensed premises not economic (1) The licensing authority or licensing committee concerned may direct that an off-licence should be issued for premises not of a kind described in [section 32\(1\)](#) if satisfied -  
(a) that, in the area where they are situated, the sale of alcohol in premises of a kind described in [section 32\(1\)\(b\), \(d\), \(e\), or \(f\)](#) would not be economic; and  
(b) that the granting of the licence would not cause any significant increase in alcohol-related harm.  
(2) Subsection (1) overrides [section 32\(1\)](#) but is overridden by [section 36](#).
- Section 35 - Exception for certain complementary sales (1) The licensing authority or licensing committee concerned may direct that an off-licence should be issued for premises not of a kind described in [section 32\(1\)](#) if it is satisfied that -  
(a) the premises are a shop, but not a shop where the principal business carried on is the sale of food (whether food of a particular kind or kinds, or a range of food); and  
(b) alcohol would be an appropriate complement to goods of the kind sold (or to be sold) in the shop.  
(2) Subsection (1) overrides [section 32\(1\)](#) but is overridden by [section 36](#).

### Please note

- 1 Where uncertain, please seek independent legal advice or the services of a professional licensing agent to ensure that your application is made under the correct section of the Act.
- 2 Where an application is made under the incorrect or inappropriate section of the Act, your application could be opposed and ultimately declined (refused) by the District Licensing Committee.
- 3 Council staff, especially licensing inspectors, are unable to give legal advice or guidance in this matter.

## Status of Applicant

- Natural Person     
  Private Company     
  Public Company  
 Partnership     
  Limited Partnership     
  Trustee  
 Other     
*E.g. Body Corporate, board, organisation or other body; Licensing trust; government department or other instrument of the Crown; Local Authority; Trustee; Manager under the Protection of Personal and Property Rights Act 1988*

### Body Corporate

Authority under which incorporated: \_\_\_\_\_

### Natural Person

Full legal name: \_\_\_\_\_

Also known as: \_\_\_\_\_

Driver Licence Number: \_\_\_\_\_  Male       Female

Residential address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Private Company *(give details of each Director)*

Authorised capital: \$ \_\_\_\_\_ Paid-up capital: \$ \_\_\_\_\_

Full legal name: \_\_\_\_\_

Driver Licence Number: \_\_\_\_\_  Male       Female

Designation: \_\_\_\_\_

Residential address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Face value of shares held: \$ \_\_\_\_\_

Full legal name: \_\_\_\_\_

Designation: \_\_\_\_\_

Driver Licence Number: \_\_\_\_\_  Male       Female

Residential address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Face value of shares held: \$ \_\_\_\_\_

**Public Company or Partnership** (give details of each Director or Partner)

Full legal name: .....

Designation .....

Driver Licence Number: .....  Male  Female

Residential address: .....

Email: ..... Phone: .....

Full legal name: .....

Designation .....

Driver Licence Number: .....  Male  Female

Residential address: .....

Email: ..... Phone: .....

**Details of Premises**

Address: .....

Proposed trading name: .....

Does the applicant own the proposed licensed premises?  Yes  No

If NO, what is the full name and address of the owner:

Name: ..... Driver Licence number: .....

Postal address: .....

Tenure (freehold, unit title, leasehold or under licence, including term): .....

Is the licence conditional on completion of building work?  Yes  No

If YES, please state details: .....

**Details of Conveyance**

Type (E.g. bus, ship, railway carriage): .....

Proposed trading name: .....

Address of home base: .....

Registration number/s (if any): .....

Does the applicant own the proposed conveyance?  Yes  No

If NO, what is the full name and address of the owner:

Name: ..... Driver Licence number: .....

Postal address: .....



Tenure (state whether owned by applicant, or to be operated under charter, lease or licence):

Is the licence conditional on completion of construction work?  Yes  No

If YES, please state details: \_\_\_\_\_

Is there a current licence/certificate/WOF in effect for this conveyance?

Yes Expiry Date: \_\_\_\_\_  No

Safe Ship Management Certificate

Certificate of Airworthiness

Rail Service Licence

Warrant of Fitness

### Details of Managers

Full legal name: \_\_\_\_\_

Driver Licence number: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Certificate number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Full legal name: \_\_\_\_\_

Driver Licence number: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Certificate number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Full legal name: \_\_\_\_\_

Driver Licence number: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Certificate number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Full legal name: \_\_\_\_\_

Driver Licence number: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Certificate number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Full legal name: \_\_\_\_\_

Driver Licence number: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Certificate number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Full legal name: \_\_\_\_\_

Driver Licence number: \_\_\_\_\_ DOB: \_\_\_\_\_

Manager's Certificate number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

## Business Details

What is the general nature of the business to be conducted by the applicant if the licence is granted?  
(E.g. hotel, tavern, restaurant, function centre, entertainment/nightclub)

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 alcohol and food?

Yes  No

If YES, what are those other goods and services? \_\_\_\_\_

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

Mon

Mon - Fri

Tues

Mon - Sun

Wed

Sat

Thurs

Sun

Fri

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

(i) a supervised area: \_\_\_\_\_

(ii) a restricted area: \_\_\_\_\_

**(Remote sellers only)** Does the applicant wish to have the licence endorsed under Section 40 of the Act?

Yes  No

## Conditions

What is the experience and training of the applicant?

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What steps are proposed to be taken to prevent the sale and supply of alcohol to prohibited people?

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Describe any other steps proposed to promote the responsible consumption of alcohol:

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What other systems (*including training systems*) and staff are in place (*or are to be in place*) for compliance with the Act?

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## Signature

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

*For Councils website*

## Public Notice of application for Off Licence (Form 7)

### Section 101, Sale and Supply of Alcohol Act 2012

(Licensee name) .....

has made application to the Whangarei District Licensing Committee for the issue of an off licence in respect of the premises situated at:

(Address) .....

and known as .....

The general nature of the business to be conducted under the licence is (*eg. hotel, tavern, restaurant, entertainment/night club*)

.....

The days and hours during which alcohol is intended to be sold under the licence are

.....

.....

.....

.....

The application may be inspected during ordinary office hours at the office of the Whangarei District Council, District Licensing Committee, Te Iwitahi, 9 Rust Avenue, Whangarei.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of the first publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Whangarei District Council, Private Bag 9023, Whangarei 0148.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

**To be displayed at the front entrance of your premises (not applicable to a conveyance)**

## Public Notice of application for Off Licence

### Section 101, Sale and Supply of Alcohol Act 2012

(Licensee name) \_\_\_\_\_

has made application to the Whangarei District Licensing Committee for the issue of an off licence in respect of the premises situated at:

(Address) \_\_\_\_\_

and known as \_\_\_\_\_

The general nature of the business to be conducted under the licence is (eg. *hotel, tavern, restaurant, entertainment/night club*)

The days and hours during which alcohol is intended to be sold under the licence are

The application may be inspected during ordinary office hours at the office of the Whangarei District Council, District Licensing Committee, Te Iwitahi, 9 Rust Avenue, Whangarei.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of the first publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Whangarei District Council, Private Bag 9023, Whangarei 0148.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

This notice is published on the Whangarei District Council website.



## Declaration of Evacuation Scheme

*Important: This form must be completed and returned with your licence application.*

To enable the District Licensing Committee to approve your licence, your application must be accompanied by the following statement that outlines the building status in relation to having, or not having, an approved evacuation scheme filed with Fire Emergency New Zealand.

In relation to Liquor Licensing (mainly bars and clubs), the most likely criteria is that the facility is capable - through calculation in the Building Act - of holding 100 or more customers. Buildings capable of holding less than 100 people generally don't need a scheme.

If you are unsure of your occupancy numbers, consult the latest Fire Design Report for your building, the building file at Council or contact the Fire Emergency New Zealand representative listed below.

If you are a tenant in a larger building, your building may already have an approved evacuation scheme. Check with the building owner.

### To be completed by applicant:

**Applicants Name:** \_\_\_\_\_

**For premises known as:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Building Owner:** \_\_\_\_\_

### Statement (Tick the option that applies)

- The building has a current evacuation approved under Section 76 Fire and Emergency New Zealand Act 2017 or the Fire Service Act 1975.  
Has a trial evacuation been completed in the building in the last 6 months and reported to Fire and Emergency New Zealand? (If not your application may be opposed).  Yes  No
- The building does not require an evacuation scheme due to either current use or nature of the building.
- We are a tenancy in a larger building with an evacuation scheme approved by the New Zealand Fire Service.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_

### Note:

For more information or advice, please contact:

Craig Bain  
Whangarei-Kaipara Area 2  
12 Mansfield Terrace  
Whangarei  
Email: [craig.bain@fireandemergency.nz](mailto:craig.bain@fireandemergency.nz)

Phone: (09) 430 1256



# Public Health Questionnaire for Off-Licence Applications

This questionnaire helps to ensure that you, as a licensee, meet the Public Health requirements of the Sale and Supply of Alcohol Act (2012) to minimise illness, disease, Injury or death caused by the inappropriate consumption of alcohol.

**This questionnaire should be completed by the applicant/licensee (not a consultant) & returned with your licence application**

Your licence application may be delayed without the completion of this questionnaire.

## Application Details

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

Name of Applicant: \_\_\_\_\_

Who is the main contact person and their role? \_\_\_\_\_

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

Contact phone number: \_\_\_\_\_

Is your premises in a liquor ban area?

Yes

No

## Intoxicated Patrons

How do you identify if a person is intoxicated?

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

What process do you have to deal with intoxicated patrons?

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

### Alcohol Promotions

Is alcohol advertised on the building exterior?

Yes

No

Sandwich boards

Yes

No

Billboards

Yes

No

What percentage of your front window is covered in alcohol advertising?

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What alcohol brands and products are you currently advertising in your windows?

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Do you sell single serve drinks

Yes

No

Do you have tastings?

Yes

No

If YES, is water freely available?

Yes

No

### Signage

Do you have the following signage on display?

Yes

No

No ID, No Service, No Exceptions

Yes

No

Alcohol will not be served to anyone who is intoxicated

Yes

No

### Smokefree Environments Act 1990

Do you sell tobacco?

Yes

No

Are tobacco products visible to the public?

Yes

No

### UNDERTAKING FROM LICENSEE

I \_\_\_\_\_ (full name), the Licensee\*  
for \_\_\_\_\_ Premises

acknowledge that I have read and understood each of the above questions and I agree to comply with the measures outlined here throughout this next licensing period.

I also acknowledge that Public Health Liquor Licensing Officer, on behalf of the Medical Officer of Health, may visit my premises, from time-to-time, in order to undertake a Sale and Supply of Alcohol Act 2012 compliance check.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Position/Title: \_\_\_\_\_

\*In the case of a corporate this application is to be signed by the Operations Manager responsible for the premise/outlet. 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. The information contained within this Public Health Questionnaire may be shared with other statutory agencies Police, LLI or ARLA, for the purpose of their enquiries.



## **Section 2**

# **Liquor Planning Certificate Application**

## RMA Certificate Checklist

To be accepted for processing, please attach **two (2) copies** of the following information in support of your application along with the payment of the advance fee/deposit. If inadequate information is supplied, this may cause delays in processing the application.

Customer	Office	
<input type="checkbox"/>	<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	<input type="checkbox"/>	Covering letter
<input type="checkbox"/>	<input type="checkbox"/>	Brief description of type of business/number or patrons
<input type="checkbox"/>	<input type="checkbox"/>	Assessment against the rules of the District Plan
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of title (no more than 6 months old)
<input type="checkbox"/>	<input type="checkbox"/>	Owner's authorisation letter (if not the owner)
<input type="checkbox"/>	<input type="checkbox"/>	Site plan showing the location of the building tenancy and any onsite parking spaces
<input type="checkbox"/>	<input type="checkbox"/>	Floor plan showing the layout and uses of the building/tenancy including any outdoor areas. The area(s) of the premises and/or the site where liquor is sold, supplied or consumed must be shown.
<input type="checkbox"/>	<input type="checkbox"/>	Signage detail (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	If relevant, a copy of the most recent resource consent or any previous liquor certificates for the premise
<input type="checkbox"/>	<input type="checkbox"/>	Advance fee/deposit

<b>CSR checklist completed by</b>		<b>Date</b>
		<b>Receipt no</b>

## Application for Liquor Planning Certificate

To: RMA Consents  
 Whangarei District Council  
 Private Bag 9023  
 Te Mai  
 Whangārei 0148

[consentsadmin@wdc.govt.nz](mailto:consentsadmin@wdc.govt.nz)

Office Use Only	
Date Received:	
Time received:	
Payment Received:	
Tech 1 App #:	
Property #:	
Land #:	
Planner:	

**This application form should be used when applying for the necessary planning certificate to accompany an application for a liquor licence, as required by Section 100(f) of the Sale and Supply of Alcohol Act 2012. If you are making an application for a licence, please use the alcohol licensing forms as detailed on our website: [www.wdc.govt.nz/Alcohol](http://www.wdc.govt.nz/Alcohol)**

*This form is designed to provide us with your contact information and details about your proposal that are required for us to process your application. If you fail to complete this form and provide the necessary information, including the deposit fee, your application may not be accepted for processing. Prior to paying your deposit fee you may request an invoice from us.*

### 1 Application details

Full name of applicant(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby apply to Whangarei District Council for (please tick all relevant):**

- On-licence - sale of liquor for consumption on the premises
- Off-licence - sale of liquor for consumption off the premises
- Club-licence - sale of liquor for consumption of club members

**Please indicate the reason for this application (please tick all relevant):**

- Brand-new premises (whether built or not)
- Already licensed (new owner seeking new licence)
- Existing premises either not previously licensed or licensed for different type (i.e.: change of use)
- Variation of condition of existing licence (i.e.: hours)
- Redefinition of licensed premises (i.e.: area)

**Is there an existing licence for the premises?**     Yes /  No

*If yes:*

What is the existing planning certificate and/or liquor licence number? \_\_\_\_\_

What are the approved hours of operation of the premises? \_\_\_\_\_

What area (m<sup>2</sup>) of the building does this license cover? \_\_\_\_\_

**Is the activity legally operating as a permitted activity under the Whangarei District Plan, under an approved resource consent or under existing use rights in accordance with section 10 of the Resource Management Act 1991?**     Yes /  No

If there is an existing resource consent, certificate of compliance or certificate of existing use, for the activity or building to which your premises relates please provide reference: \_\_\_\_\_

## 2 The site

Physical address: \_\_\_\_\_

Legal description(s): \_\_\_\_\_

Name of premises: \_\_\_\_\_

## 3 The activity

**The nature of the business being applied for is (please tick all relevant):**

- Tavern or bar     Entertainment venue     Mail order     Hotel  
 Sports Club     Restaurant or cafe     Supermarket     Bottle store  
 Grocery Store     Other (please specify) \_\_\_\_\_

**Is a change proposed to approved hours of operation?**     Yes /  No

**The proposed hours of business operation are:** \_\_\_\_\_

**The area (m2) of the building to be licensed is:** \_\_\_\_\_

**Are alterations to existing buildings on the application site proposed?**     Yes /  No

*If yes, please describe these alterations and attach a plan(s) that clearly show the alterations*

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**Are there any existing signs on the application site?**     Yes /  No

*If yes, please list the size, type and location of each existing sign (e.g. one new 1.5m wide x 1.5m high wall-mounted sign attached to the northern elevation of the building) and / or attach plans providing these details.*

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**Are any changes proposed to existing signs and/or any new signs proposed on the application site?**     Yes /  No

*If yes, please list the size, type and location of each sign (e.g., one 0.2m high x 1.5m wide sign attached to the veranda of the building) and / or attach plans providing these details.*

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## 4 Owner / Occupier details (if different from applicant)

**Owner(s):**

Full name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Occupier(s):**

Full name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**5 Information requirements****I attach:**

- 
- Certificate of title and relevant interests

*Search copy must be dated within the last 3 months*

- 
- Site plan detailing the location of the building tenancy within the site

- 
- Floor plan showing the layout and use of the building/ tenancy including any outdoor areas.

*The area(s) of the premises and/or the site where liquor is to be sold, supplied or consumed must be clearly shown.*

- 
- Plan(s) showing any alterations to the existing building on application site

- 
- Plan(s) detailing all existing and proposed signs as described in Section 3 of this application form

- 
- Copy of any resource consent, certificate of compliance, existing use certificate, liquor planning certificate and liquor licence relating to the premises

- 
- Assessment against the rules of the District Plan (where the activity is legally operating as a permitted activity under the Whangarei District Plan rather than under a resource consent)

**6 Declaration of applicant or authorised agent****Privacy:**

*We require the information you have provided on this form to process your application and to collect statistics. We will hold and store the information, including the form and all associated reports and attachments, on a public register. The details of your application may also be made available to the public on our website.*

*The details are collected and disclosed to inform the general public and community groups about all applications which have been processed or issued through us. If you would like to request access to, or correction of any details, please contact us.*

A link to Council's full Privacy Statement is as follows: [www.wdc.govt.nz/Privacy](http://www.wdc.govt.nz/Privacy)

**Fees and charges:**

*Subject to rights to object to, or appeal a decision on costs, in making an application you undertake to pay all costs associated with your application.*

*This includes:*

- *paying an advance fee deposit at time of lodgement*
- *paying any additional costs of processing the application, including any interim invoice or invoice issued at the time a decision is made on your application*
- *paying all fees associated with monitoring the conditions of an approved consent, including payment of an advance deposit fee for monitoring at the time that a decision on an application is issued*
- *paying all costs (including debt collection or legal fees) of recovering any unpaid costs.*

*All fees are payable in accordance with our 'Schedule of Fees and Charges':*

[www.wdc.govt.nz/FeesandCharges](http://www.wdc.govt.nz/FeesandCharges)

**Please note:** *Where the advance fee paid is a deposit fee, you will be invoiced for any outstanding costs associated with processing the application when a decision on your application is issued.*

*An advance fee for costs associated with monitoring the conditions of your consent is payable at the time of a decision on your application is issued.*

*In some cases, interim billing for processing costs may also occur. You will need to pay any such invoice to enable the application to continue to be processed.*

*Payment options: [www.wdc.govt.nz/PayApplication](http://www.wdc.govt.nz/PayApplication). Please quote the type of application and name of the applicant when making your payment.*

**Site visit:**

*By signing this form, you confirm that we are permitted to undertake a site inspection(s). In relation to any such site inspection, you are responsible for providing us with information as necessary to ensure we can undertake a safe and accessible site visit.*

*In the case that we visit the site and are unable to undertake the site visit because of safety or access issues that have not been disclosed, you will be responsible for any costs associated with re-visiting the site, in addition to those associated with the initial visit.*

**Applicant declaration:** (required where authorised agent is not acting on your behalf)

I / we confirm that I / we have read and understood the above.

I undertake to pay all costs associated with this application. I also agree to pay all the costs (including debt collection or legal fees) of recovering any unpaid costs.

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

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

**Authorised agent declaration:**

As authorised agent for the applicant, I confirm that I have read and understood the above information and have fully informed the applicant of their obligations in connection with this application, including obligations relating to payment of fees and other charges. I confirm that I have the applicant's authority to sign this application on their behalf.

Agent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of agent: \_\_\_\_\_

Company name \_\_\_\_\_ Reference: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**7 Address for service**

Please send all correspondence to (select one):

- The applicant
- The authorised agent
- Other (*please provide details*)

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Section 3**

# **Building Code Certificate Application**

**Building Code Certificate Checklist**

<b>Customer</b>	<b>Office</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Application form completed and signed	
<input type="checkbox"/>	<input type="checkbox"/>	Scale plan of premises ( <i>see guidelines</i> )	
<input type="checkbox"/>	<input type="checkbox"/>	Fees	
CSR checklist completed by			Date
			Receipt no



## Building code certificate application

### Under the Provisions of the Sale and Supply of Alcohol Act 2012

#### Premises details

Full address/location of premises \_\_\_\_\_

Legal description Lot \_\_\_\_\_ DP \_\_\_\_\_ or section \_\_\_\_\_ SO \_\_\_\_\_

State the proposed use of the premises (e.g. shop, cabaret, restaurant, motel, hotel, club etc)

please ✓ the appropriate box

On licence \_\_\_\_\_

Off licence \_\_\_\_\_

Club \_\_\_\_\_

If there is an existing On Licence, please state the general nature of the business

On licence \_\_\_\_\_

If there is an existing Off Licence, please state type

Off licence \_\_\_\_\_

Existing name of premises \_\_\_\_\_

Proposed name of premises (if any) \_\_\_\_\_

If these premises were not previously licensed, please state previous use, e.g. Warehouse, retail, office or residential, the premises are located in

Existing building that will not have a change of use

Existing building that will have a change of use & require a building consent BC no \_\_\_\_\_

Existing building requiring upgrade or currently under building alternation BC no \_\_\_\_\_

New building BC no \_\_\_\_\_

Intended maximum occupant number \_\_\_\_\_

## Applicant details

Name of applicant \_\_\_\_\_

Street address \_\_\_\_\_

Postal address if different from above \_\_\_\_\_

Contact numbers \_\_\_\_\_

## Declaration and signature

I hereby apply for a certificate that my premises comply with the Building Code requirements. This application is made to comply with the provisions of the Sale and Supply of Alcohol Act 2012, Section 100(f).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date