

New On Licence

Application Pack

- Application checklist
- **Section 1:** On Licence Application *which includes*
 - › Fee calculator
 - › Public Notices
 - › NZ Fire Declaration of Evacuation Scheme
 - › NDHB Public Health Questionnaire
- **Section 2:** Liquor Planning Certificate Application
 - › www.wdc.govt.nz/Services/Planning/Planning-approvals/Apply-liquor-planning-certificate
- **Section 3:** Building Code Certificate Application
- **Section 4:** Food Registration Application
 - › www.wdc.govt.nz/Business/Licences-and-permits/Food-premises
- **Section 5:** Trade Waste Application
 - › If you are on a septic tank system, the Trade Waste Application is not applicable
 - › www.wdc.govt.nz/Services/Water-services/Wastewater/Trade-Waste

Please provide the following

Applicant	WDC	
<input type="checkbox"/>	<input type="checkbox"/>	Completed, signed and dated application form
<input type="checkbox"/>	<input type="checkbox"/>	Application fee
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Incorporation and Company Extract <i>if the applicant is a Company/Incorporated Society or Club</i>
		OR
		Limited Partnership Certificate and Partnership Extract, if any <i>if the applicant is a Partnership</i>
<input type="checkbox"/>	<input type="checkbox"/>	Map showing 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 floor plan showing: <i>please highlight</i> <ul style="list-style-type: none"> • Principle entrance/s • Area where alcohol will be sold and supplied • Area to be designated as supervised or restricted, if any
<input type="checkbox"/>	<input type="checkbox"/>	Written statement from building owner consenting to applicant selling alcohol from the premises
<input type="checkbox"/>	<input type="checkbox"/>	Copy of menu for Food, Alcohol (including low alcohol options) and Non-alcoholic beverages
<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"/>	Host Responsibility Policy
<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)

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>
<input type="checkbox"/>	<input type="checkbox"/>	Application for Food Registration has been applied for <i>as required by the Food Act 2014</i>
<input type="checkbox"/>	<input type="checkbox"/>	Application for Trade Waste has been applied for (if applicable) <i>as required by the Trade Waste Bylaw 2023</i>

Section 1

On Licence Application

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 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 (on licences)	Weighting
“Class 1” restaurant, night club, tavern, adult premise	15
“Class 2” restaurant, hotel, function centre, university, polytechnic	10
“Class 3” restaurant, other premises not specified elsewhere	5
Theatre/cinema, BYO restaurant	2

Class 1 restaurant Defined as a restaurant, in the opinion of council, having a significant separate bar operated at least once a week in the manner of a tavern

Class 2 restaurant Defined as a restaurant, in the opinion of council, having a separate bar area that is not operated in the manner of a tavern at any time

Class 3 restaurant Defined as a restaurant that only serves alcohol to the table and does not have a bar area

Latest trading time allowed by on licence	Weighting
2am or earlier	0
Between 2.01am and 3.00am	3
All other closing times	5

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.

OFFICE USE ONLY	Fee
Application ID	Date fee paid
Customer Service Rep	Receipt number

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

Details of Application

Type of application (*tick box that applies*):

New On-Licence

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

If 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*):

BYO Restaurant Caterer

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 No

If 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) 2014 applies*):
.....
.....

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:

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?
(**BYO** applicants – fill in trading days and hours here too):

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:

.....

(BYO Restaurant only) Does the applicant wish to have the licence endorsed under Section 37 of the Act?

Yes No

Conditions

What is the experience and training of the applicant?

Describe in detail, the availability for purchase of:

Food (describe type and range): _____

Non-alcoholic beverages (describe type and range): _____

Low-alcohol beverages (describe type and range): _____

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

If water is not mains supply, what potable water is intended to be available? _____

What steps are intended to be taken to provide help with and information about alternative forms of transport from the premises?

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

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

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

Signature

Signature of applicant: _____ Date: _____

Name of applicant: _____

For Councils website

Public Notice of application for On 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 on 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 On 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 on 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

Phone: (09) 430 1256



Public Health Questionnaire for On-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: _____

Intoxicated Patrons

What measures do you take to prevent intoxication on your premises?

How do you identify if a person is intoxicated?

What process do you have to deal with intoxicated patrons?

Signage

Taxi / Dial-a-Driver phone number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No ID No Service No Exceptions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food, low and non-alcoholic options at all times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intoxicated persons are not permitted on premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Host Responsibility Policy displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Alcohol Promotions

Do you run alcohol promotions (eg. discounted drinks, happy hours, 2-for-1 deals)? If YES, please detail:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Smokefree Environments Act 1990

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 reasonable practicable steps to prevent people smoking inside.

Do you display NO SMOKING signage at all entrances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an outdoor smoking area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the outdoor smoking area enclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you sell tobacco products?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

CSR checklist completed by		Date
		Receipt no

Application for Liquor Planning Certificate

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

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

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 (m²) 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):

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tavern or bar | <input type="checkbox"/> Entertainment venue | <input type="checkbox"/> Mail order | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Sports Club | <input type="checkbox"/> Restaurant or cafe | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Bottle store |
| <input type="checkbox"/> Grocery Store | | | |
| <input type="checkbox"/> 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

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.

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.

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

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

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. 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

Customer	Office		
<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

Section 4

Food Registration Application



Application for registration under Food Act 2014 with a local council A food business with only one site

Before you start, let's check that you have everything you will need:

- The completed scope of operations document. Find this at www.mpi.govt.nz or ask Environmental Health staff.
- If you are applying for a National Programme (NP) registration, you can choose your verifier. You will need a confirming letter from your verifier to attach to this application. A list of recognised verification (or audit) agencies can be found on the MPI website, under 'registers and lists'. WDC is a recognised verification agency. The law requires Councils to verify businesses registered under the template food control plan.
- If your business is a registered limited liability company, a copy of the company registration certificate. See www.companies.govt.nz
- You need to make sure you can confirm that the operator of the food businesses is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007.
- If you were registered with either the Ministry for Primary Industries (MPI) or your local council before 1 March 2016, make sure you have your previous registration IDs on hand. These are IDs such as *FSA-JBIP-12345* or *WEBB-12345*.

What type of registration are you applying for?

- MPI template food control plan: Food Service, Care Safe and Specialist Retail
- NP 3
- NP 2
- NP 1

(Hint: You will know which type of registration after you have completed the scope of operations document.)

If you were registered before 1 March 2016, what was your registration ID number?

If the business was operating before you took over the operation:

I confirm the existing business (trading as) _____

will cease trading on (take over date) _____

- I have enclosed the registration certificate for the previous operator.

Who is the operator of the food business?

APPLICANT DETAILS			
Legal Name of Operator (registered company, partnership or individual/s)	<input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office, see www.companies.govt.nz		
NZ Business Number	If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies		
TRADING NAME			
OWNER DETAILS			
Owner 1		Mobile	
Owner 2		Mobile	
Email	This email will be used for communications about your registration, such as sending approval documents, renewal reminders and invoices. Please check your SPAM inbox. Contact us if this email changes.		
POSTAL ADDRESS		PHYSICAL / COURIER ADDRESS (if different to Postal Address)	
Address		Address	
Town/City		Town/City	
Postcode		Postcode	
<input type="checkbox"/> This address is a private dwelling/house and I wish it to be withheld from the public register.		<input type="checkbox"/> This address is a private dwelling/house and I wish it to be withheld from the public register.	
DAY-TO-DAY OPERATOR / MANAGER DETAILS			
Name			
Address			
Position			
Address			
Email		Mobile	

Who will be doing your verification?

Council	<input type="checkbox"/>
Other – insert name of verification agency	<input type="checkbox"/> I have attached a confirming letter from my verification agency.

Have you attached the scope of operations document for your business?

Scope of Operations attached

Applicant Statement

I confirm that:

- 1) I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and
- 2) The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and
- 3) The operator is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and
- 4) The operator of the food business is able to comply with the requirements of the Food Act 2014.

Name		Job Title	
Signature		Date	

Payment & Contact Details

Health and Bylaws Department

Whangarei District Council

Te Iwitahi

9 Rust Avenue

Whangarei

Tel: 09 430 4200

Email: mailroom@wdc.govt.nz

You will be emailed your invoice for Registration and your initial Verification, following submission of your application. The registration process can take up to 20 working days.

Final Check before sending your application to (TA to insert preferred address)

Have you:

- filled this form in completely and legibly?
- attached the completed scope of operations document?
- attached a letter from your Verifier if that isn't Council?
- attached copies of company registration certificates if you have a registered limited liability company?
- read and signed the Applicant Statement?
- attached signed consent from the property owner authorising this activity to be carried out?
(for domestic kitchens only, if you do not own the property)

Collection of Information

Collection of Personal Information

Under the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of registering under the Food Act 2014; and
- The recipient of this information, which is the agency that will collect and hold the information, is WDC, Private Bag 9023, Whangarei, 0148; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 53 or section 83 of the Food Act 2014, which ever applies. The provision of this information is necessary in order to process an application for registration under either section 53 or section 83; and
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to register, in accordance with section 54 and 57 or section 84 and 87, of the Food Act 2014, which ever applies; and
- Under the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

Collection of Official Information

- All information provided to Whangarei District Council and the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.
- If a request is made under that Act for information you have provided in this application, Whangarei District Council must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.

Scope of Operations

Template Food Control Plans and National Programmes

All businesses to complete questions 1 & 2 (Tick as applicable)

1. Trading Operations – How do you distribute your products or services?

Caterer		Eat-in premises		Export food	
Home Delivery		Import food		Internet sales	
Market sales		Mobile trader		Retail sales	
On-licence premises		Storage provider		Takeaway	
Transport provider		Wholesale			

2. What processes do you use to make your food?

Acidification		Aseptic processing/packaging		Canning/retorting		Concentration	
Drying		Fermentation		Handling chilled ready to eat products		High-pressure processing	
Holding food at serving temperature		Irradiation		Novel or unique processes		Pasteurisation (with heat)	
Processing chilled ready to eat products		Reheating		Slow or low temperature cooking		None of the above	

Template Food Control Plan (FCP) businesses to complete: *(Tick as applicable)*

	SECTOR	PRODUCT(S)
Template Food Control Plan	Food Service Sector: Make or prepare food <i>(to be eaten straight away)</i>	<input type="checkbox"/> Ready to eat meals & snacks served direct to customers (to order) <input type="checkbox"/> Minimally processed fruits & vegetables processed and sold direct to customers <input type="checkbox"/> Sushi <input type="checkbox"/> Doner Meat <input type="checkbox"/> Chinese Style Roast Duck
	Food Retail Sector: Make or prepare food	<input type="checkbox"/> Raw Meat, Poultry & Seafood <input type="checkbox"/> Processed meat, poultry and seafood products (E.g. salami, sausages, jerky, smoked chicken, raw or cooked processed or ground meats) <input type="checkbox"/> Minimally processed fruits & vegetables retailed <input type="checkbox"/> Processed fruits & vegetables sold (E.g. pesto, fruit salads, frozen vegetables, coleslaw) <input type="checkbox"/> Baked products without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Ready to eat meals & snacks retailed (E.g. sandwiches, meat pies) <input type="checkbox"/> Sauces, Soups, Dressing or toppings <input type="checkbox"/> Shelf-stable products

National Programme Level 3 businesses to complete: (Tick as applicable)

	SECTOR	PRODUCT(S)
National Programme Level 3	<p align="center">Food Retail Sector:</p> <p align="center">Handle food but <u>does not</u> make or prepare food</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Egg products <input type="checkbox"/> Raw Meat, Poultry & Seafood <input type="checkbox"/> Processed meat, poultry and seafood products <i>(E.g. salami, sausages, jerky, smoked chicken, raw or cooked processed or ground meats)</i> <input type="checkbox"/> Manufacture/Process Dairy products <input type="checkbox"/> Minimally processed fruits & vegetables retailed <input type="checkbox"/> Processed fruits & vegetables sold <i>(E.g. fruit salads, frozen vegetables, coleslaw)</i> <input type="checkbox"/> Baked products without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Ready to eat meals & snacks retailed <i>(E.g. frozen meals, sandwiches, meat pies)</i> <input type="checkbox"/> Sauces, Soups, Dressing or toppings <input type="checkbox"/> Infant formula <input type="checkbox"/> Shelf-stable products <i>(E.g. packaged biscuits, canned foods, bulk bin foods)</i>
	<p align="center">Brewers, Distillers, Manufacturer or vinegar, alcohol or malt</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Beer <input type="checkbox"/> Processed Cereal & Meal products <input type="checkbox"/> Wine & Wine products <input type="checkbox"/> Alcoholic beverages – other <input type="checkbox"/> Vinegar <input type="checkbox"/> Spirits & liqueurs
	<p align="center">Manufacturer of additives, processing aids, vitamins, minerals or other nutrients added to food</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Food Additives <input type="checkbox"/> Vitamins & Minerals <input type="checkbox"/> Processing aids <input type="checkbox"/> Yeast & Yeast products
	<p align="center">Manufacturer of non-alcoholic beverages</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Water <input type="checkbox"/> Soft drinks <input type="checkbox"/> Formulated drinks <input type="checkbox"/> Fruit/Vegetable juice
	<p align="center">Manufacturer of dry mix products</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Dried mixes containing animals products <input type="checkbox"/> Dried mixes not containing animal products
	<p align="center">Manufacturer of oils or fats</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Edible oils <input type="checkbox"/> Margarine & table spread <input type="checkbox"/> Animal fats
	<p align="center">Processors of herbs or spices</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Herbs & spices <i>(E.g. Extracting saffron, drying herbs, blending herbs)</i> <input type="checkbox"/> Salt
	<p align="center">Processors of grain</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Whole grains <input type="checkbox"/> Processed cereal & meal products

National Programme Level 2 businesses to complete: (Tick as applicable)

National Programme Level 2	SECTOR	PRODUCT(S)
	Preschool food service (Early Childhood centre)	<input type="checkbox"/> Ready to eat meals & snacks <input type="checkbox"/> Infant formula
	Bake only bread and bread products	<input type="checkbox"/> Breads
	Manufacture/Make confectionary	<input type="checkbox"/> Chocolate & cocoa products <input type="checkbox"/> Sugar confectionary
	Manufacture/make crisps, popcorn, pretzels or similar snack products	<input type="checkbox"/> Crisps & chips <input type="checkbox"/> Snack products <i>(E.g. Popped popcorn, puffed rice)</i>
	Manufacture/Make shelf-stable grain products eg. Cereals, baked products	<input type="checkbox"/> Baked products, without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Pasta <i>(dried pasta)</i>
	Manufacture/Make shelf water based products	<input type="checkbox"/> Ice <input type="checkbox"/> Water based desserts
	Manufacture/Make dried or dehydrated fruit or vegetables	<input type="checkbox"/> Processed fruits & vegetables <i>(E.g. Fruit leather, dried fruits)</i> <input type="checkbox"/> Dried fruit & nut mixes
	Manufacture/make frozen fruit or vegetables	<input type="checkbox"/> Processed fruit & Vegetables
	Manufacture/Make shelf-stable condiments	<input type="checkbox"/> Processed fruit & vegetables <i>(E.g. jams, chutneys etc)</i> <input type="checkbox"/> Fermented fruit & vegetable products <input type="checkbox"/> Processed meat, poultry & seafood products <input type="checkbox"/> Sauces, spreads, soups, dressings & toppings <input type="checkbox"/> Fermented sauces <input type="checkbox"/> Nut & Seed products <i>(E.g. Peanut butter, bean paste)</i>
	Process nuts, seeds and/or coffee	<input type="checkbox"/> Nuts & seeds <i>(E.g. Roasted peanuts, spiced cashews)</i> <input type="checkbox"/> Coffee bean products <i>(E.g. coffee roasters)</i> <input type="checkbox"/> Nut & seed products <i>(E.g. Nut or seed flour)</i> <input type="checkbox"/> Dried fruit & nut mixes
	Retail manufactured packaged chilled and/or frozen food	<input type="checkbox"/> Eggs <input type="checkbox"/> Raw meat, poultry & seafood <input type="checkbox"/> Processed meat, poultry & seafood products <input type="checkbox"/> Dairy products <input type="checkbox"/> Processed fruit & vegetables <input type="checkbox"/> Baked products, without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Ready to eat meals & snacks <input type="checkbox"/> Sauces, Soups, Dressings, Toppings

National Programme Level 1 businesses to complete: *(Tick as applicable)*

National Programme Level 1	SECTOR	PRODUCT(S)
	Extract or package honey	<input type="checkbox"/> Honey
	Horticultural production and packing operations	<input type="checkbox"/> Minimally processed fruits & vegetables <input type="checkbox"/> Herbs & Spices <input type="checkbox"/> Nuts & seeds <input type="checkbox"/> Mushrooms <input type="checkbox"/> Sprouts and microgreens
	Manufacturer of sugar related products	<input type="checkbox"/> Sugar <input type="checkbox"/> Sugar products <i>(E.g. Golden syrup)</i>
	Retailers of hot beverages and/or shelf stable manufacture packaged foods	<input type="checkbox"/> Hot beverages <input type="checkbox"/> Packaged Food (Shelf stable products)
	Retailers of manufacture packaged ice cream/ice confectionary (In manufacturer's packaging)	<input type="checkbox"/> Ice cream <input type="checkbox"/> Iced confectionary
	Transporters or distributors of food products	<input type="checkbox"/> Frozen food <input type="checkbox"/> Chilled food <input type="checkbox"/> Shelf stable products <input type="checkbox"/> Bulk food <input type="checkbox"/> Hot Food

Section 5

Trade Waste Application

Application under the Trade Waste Bylaw of Whangarei District Council – Food premises

Details of business (trade waste producer)

Name of business: _____

Street address: _____

Postal address: _____

Phone number: _____

Nature of activity generating trade waste: _____

Name and address of applicant (if different from above)

Name: _____

Address: _____

Phone number: _____

Details of trade waste discharge

Type of application

 Proposed discharge Existing discharge with no consent Consent renewal

Consent number: _____

 Variation of existing discharge

Type of variation _____

Volume and rate of discharge

Daily volume (m³): _____ or meals per hour (peak) _____

Daily / seasonal discharge _____

Proposed method of flow measurement:

 Calibrated meter Manufacturer specification Other (please specify): _____

Office use

Date received _____ File no _____

Consent no _____ Issuing officer _____

Drainage layout

Does the system include a macerator/grinder unit? Yes No

Is there a pre-treatment system (e.g., grease trap or similar) Yes No

If yes, please specify (type, volume, frequency of clean-outs): _____

Number of toilet pans and urinals on site: _____

Diameter of sewer being discharged into: _____

Please include as-built plans or sketch of drainage layout

Additional information

Please include any supporting information you may have, i.e., material safety data sheets for chemicals, existing resource consents, evidence of pre-treatment maintenance, etc

Compliance statement

(to be completed by executive representative of registered company)

The discharge referred to in this application complies with all conditions of the Trade Waste Bylaw 2023. The discharge does not contain any substances which are specifically prohibited under Schedule 1B of the Trade Waste Bylaw 2023.

I understand that under Section 4.10 of this bylaw, failure to limit trade waste discharges to within the parameters specified in Whangarei District Council's Trade Waste Consent or Special Agreement issued under this bylaw can be reasonable grounds for cancellation of this consent

 Signed Name (please print)

 Designation (please print) Organisation (please print)

Dated this _____ day of _____ 202_____

Application checklist

All sections completed Yes No

Additional documents attached Yes No

Drainage plans / sketch attached Yes No

Application signed Yes No

Note: Application fee(s) apply.