



OPOTIKI/KAWERAU/WHAKATANE DISTRICT LICENSING COMMITTEE

APPLICATION FOR TEMPORARY AUTHORITY – COUNTER CHECK

NAME OF APPLICANT: _____

Every application shall be accompanied by the following:

1. An application for authority to carry on, for a period not exceeding 3 months
 - (a) The sale and supply of any alcohol on any premises or conveyance in respect of which an **on-licence** is in force; or
 - (b) The sale and delivery of alcohol on or from any premises in respect of which an **off-licence** is in force.
2. Every such application shall be accompanied by the following:
 - (a) The original and one photocopy of the application
 - (b) The prescribed fee \$296.70
 - (c) Proof of entitlement to the business (agreement or lease)
 - (d) Copy of existing lease
 - (e) If a company – Certificate of Incorporation

**Application for Temporary Authority
Section 136 Sale and Supply of Alcohol Act 2012**

Form 16

Application fee \$296.70

To: The Secretary
District Licensing Committee
Opotiki District Council
PO Box 44
OPOTIKI 3122

To: The Secretary
District Licensing Committee
Kawerau District Council
Private Bag 1004
KAWERAU 3169

To: The Secretary
District Licensing Committee
Whakatane District Council
Private Bag 1002
WHAKATANE 3158

Cross out above Councils not applicable to you as applicant

Application for Temporary Authority to carry on the sale and supply (or delivery) of alcohol is made in accordance with the details set out below:

DETAILS OF APPLICANT			
Full name: (<i>Mr, Mrs, Ms, Miss</i>)			
Street Address:			
Postal Address: (<i>if different from above</i>)			
Current place of employment			
Occupation		Date of Birth:	
Daytime contact:		Telephone No:	

DETAILS OF LICENCE			
Type of licence (tick appropriate box)		<input type="checkbox"/> On	<input type="checkbox"/> Off
Certificate Number:		Date of expiry:	

DETAILS OF PREMISES (to be included only where the licence applies any premise that are not a conveyance)	
Address of licensed premises:	
Trading or other name (if any):	

DETAILS OF CONVEYANCE (to be included only where the licence applies to any conveyance)	
Type of conveyance:	
Address of home base (if any):	
Principal route travelled:	
Trading or other name (if any):	

FURTHER DETAILS	
What right, title, estate or interest does the applicant have in the premises (or conveyance) to which the application relates?	
Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?	YES/NO

If NO, What is the full legal name, address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?	
Name:	
Address:	
Occupation:	

DETAILS OF MANAGERS TO BE EMPLOYED (proposed and current)			
Full Name	Address	Date of Birth	Certificate No.

What are the reasons for the application?

Dated at _____ this _____ day of _____ 20 ____

Signature of Applicant

Notes

- 1 This application must be accompanied by the prescribed fee.
- 2 The District Licensing Committee may require notice of this application to be given to any person or persons it may state.

COUNCIL OFFICE USE ONLY			
Fee Amount:		Date Paid:	
Receipt No.:		Code:	
Companies Office Check Date:		Required by Date:	

NEW ZEALAND POLICE SUPPLEMENT

As applicant for this Licence/Manager's Certificate, you are requested to sign the authorisation below. Failure to allow Police to disclose this information may result in your application only being determined at a hearing held by the District Licensing Committee where you will be required to attend and present information for this Authority's consideration.

AUTHORISATION

"The Police are required to report on this application. That report may include the release of any previous convictions you may have. You will receive a copy of that report. Do you consent to the release of this information?"

YES / NO

SIGNATURE OF APPLICANT: _____

FULL NAME OF APPLICANT: _____

DATE: _____