



Form 4

APPLICATION FOR OFF LICENCE

15 Forth Street, PO Box 903, Invercargill 9840 New Zealand
Tel: 0800 732 732, Fax: 0800 732 329
liquor@southlanddc.govt.nz www.southlanddc.govt.nz

Section 100, Sale and Supply of Alcohol Act 2012

Application for Off Licence is made in accordance with the particulars set out below.

1. Endorsements (state by type every endorsement sought)

☐ Auctioneer (Section 39) ☐ Remote Seller (Section 40)

2. Details of Application

If this a newly established business

☐ Yes ☐ No

Is the licence sought conditional on the completion of building work?

☐ Yes ☐ No

If **YES** please provide details: _____

Or

Change of hands

☐ Yes ☐ No

If **YES** give details of the licence already held for this premises:

Licence number : _____ Type : _____

3. Details of Applicant

Full name or names to be on licence (*ie Full legal name or Company name*)

Contact details for Applicant

Contact Name: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ Email Address: _____

Postal address for service: _____

4. Applicant Status

☐ **Natural Person (aged > 20 years)**

Full legal name (*including any aliases*): _____

☐ Male ☐ Female Date of Birth: _____ Place of Birth: _____

Occupation : _____

Residential Address : _____

Office Use Only

Date Stamp & Doc Num	LIQ - Container:
	Payment: Cash/Online/EFT-POS \$368.00 \$609.50 \$816.50 \$1023.50 \$1207.50

☐ **Partnership or ☐ Limited Partnership**

Full details of each of the partners: name, address, date of birth, place of birth

Full details of each director, and secretary (if any) as follows:

Name	Address	Date of Birth	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of each partner: _____

☐ **Company** *(complete the following or attach a "company extract" from the Companies Office web-site)*

Full details of each director, and secretary (if any) as follows:

Name	Address	Date of Birth	Place of Birth	Designation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Private Company only : ☐ Authorised Capital ☐ Paid up Capital

Full details of each shareholder as follows:

Name	Address	Date of Birth	Place of Birth	Designation	Face Value of shares held
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Public Company only :

Full details of each person who holds 20% or more of the shares, or of any particular class of shares, issued by the company:

Name	Address	Date of Birth	Place of Birth	Designation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ **Other**

- | | |
|--|--|
| <input type="checkbox"/> Body corporate | <input type="checkbox"/> Board, organisation or other body |
| <input type="checkbox"/> Licensing trust | <input type="checkbox"/> Government Department or other instrument of the Crown |
| <input type="checkbox"/> Local authority | <input type="checkbox"/> Manager under the Protection of Personal and Property Rights Act 1988 |
| <input type="checkbox"/> Trustee | |
| <input type="checkbox"/> Territorial Authority | |

Details of Business of Applicant *(describe principal business and any other businesses)*

Details of Criminal Convictions of Company Directors, Partners, or Individuals :

(state all criminal convictions other than 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)

5. Details of Premises

Address of proposed licensed premises: _____

Trading name for premises: _____

Does the applicant own the proposed licensed premises? ☐ Yes ☐ No

If **NO** please provide the following details:

Full name and address of owner: _____

Tenure of the premises that the applicant will have: _____

If Conveyance:

Type of conveyance : _____

Address of home base : _____

Principal route travelled : _____

Any Registration number : _____

6. Fire safety

Please tick which statement is correct for your premises

☐ The owner of the building in which the premises are situated provides and maintains an evacuation scheme as required by section 76 of the Fire and Emergency New Zealand Act 2017;

The last trial evacuation date was : _____

or

☐ Because of the building's current use, its owner is not required to provide and maintain such a scheme;

or

☐ Because of the nature of the building, its owner is exempt from the requirement to provide and maintain such a scheme.

Please contact Fire and Emergency New Zealand for more information about evacuation schemes and fire safety requirements.

7. Details of managers

Full legal name: _____

Number: _____ Expiry date of certificate: _____

Full legal name: _____

Number: _____ Expiry date of certificate: _____

Full legal name: _____

Number: _____ Expiry date of certificate: _____

8. Details of business

Nature of business to be conducted:

☐ Hotel/Tavern (Sec 32(1)(a)) ☐ Retail/Bottle store (Sec 32(1)(b)) ☐ Remote Sales (Sec 32(1)(c))

☐ Manufacturer (Sec 32(1)(d)) ☐ Supermarket (Sec 32(1)(e)) ☐ Grocery (Sec 32(1)(f))

☐ Other _____

Is the sale of alcohol the principal purpose of business?

☐ Yes ☐ No

If **NO** state intended principal purpose of business:

Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than alcohol and food, or in the provision of any services other than those directly related to the sale or supply of alcohol and food?

☐ Yes ☐ No

If **YES** state the nature of those other goods or services:

On which days and during which hours are proposed for the sale of alcohol?

9. Conditions

What experience and training does the applicant have? _____

What steps does the applicant propose to take to ensure that the requirements of the act in relation to the sale of alcohol to prohibited persons are observed?

What other steps does the applicant propose to take 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? (*describe*)

Applicant's Signature: _____ Date: _____

Please attach the following documents:

- ☐ A photograph of the exterior of the premises or an artist's impression of the exterior of the proposed premises as they will look when they are finished:
- ☐ For grocery store - a verified statement of projected gross sales revenue
- ☐ For supermarket - particulars of the floor area, including any separate departments set aside for such foodstuffs as fresh meat, fresh fruit and vegetables, and delicatessen items
- ☐ A floor plan showing —
 - Those parts of the premises that are to be used for the sale or supply of alcohol; and
 - Those parts of the premises (if any) that the applicant intends to be restricted or supervised areas:
 - The principal entrance to the premises:
 - If a supermarket or grocery, include any separate areas for foodstuffs (eg fresh meat, fruit & vegetables)
- ☐ For body corporate applicant's: - A copy of the certificate of incorporation or equivalent document
- ☐ Fee - Please contact a Licensing Inspector to calculate the correct fee.
Online payment can be made to 02-0924-0064987-00
Reference: LIQ OffLic <TradingName>