

APPLICATION FOR OFF-LICENCE

Section 31, Sale of Liquor Act 1989



To: The Secretary
Otorohanga District Licensing Agency
Otorohanga

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

1 DETAILS OF APPLICANT(S)

a) Full Name, address and occupation: _____

b) Postal address for service of documents: _____

c) Daytime contact name and telephone number: _____

d) Full name and address of manager or managers to be employed, and certificate numbers of manager's certificate(s) _____

e) Status of applicant (*tick where appropriate*)

Natural Person	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Licensing Trust	<input type="checkbox"/>
Private Company	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Public Company	<input type="checkbox"/>	Club	<input type="checkbox"/>
Manager under the Protection of Personal & Property Rights Act 1988	<input type="checkbox"/>	Body Corporate to which Section 8(1)(ba) of the Act applies	<input type="checkbox"/>
Board, organisation or other body to which Section 8(1)(bb) of the Act applies	<input type="checkbox"/>	Government Department or other instrument of the Crown	<input type="checkbox"/>

2 FURTHER DETAILS WHERE APPLICANT IS A COMPANY

- a) Date of Incorporation: _____
- b) Place of Incorporation: _____
- c) Full details of each Director and the Secretary, as follows:

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	

- d) *(In the case only of a private company)*

Authorised Capital _____ Paid-up Capital _____

- e) *(In the case only of a private company)* Full details of each person who holds any shares issued by the company:

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	Face Value of Shares Held:

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	Face Value of Shares Held:

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	Face Value of Shares Held:

f) *(In the case of a public company)* 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:	

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	

Name:	
Address:	
Date of Birth:	Place of Birth:
Designation:	

3 FURTHER DETAILS WHERE APPLICANT IS A PARTNERSHIP

a) Full details of each partner as follows:

Name:	
Address:	
Date of Birth:	Place of Birth:

Name:	
Address:	
Date of Birth:	Place of Birth:

Name:	
Address:	
Date of Birth:	Place of Birth:

b) Signature of each Partner:

4 PREMISES DETAIL

a) Address of proposed licensed premises: _____

b) Type of premises (*tick*)

Hotel or Tavern	<input type="checkbox"/>	Club	<input type="checkbox"/>
Premises on which principal business is manufacture or sale of liquor	<input type="checkbox"/>	Supermarket	<input type="checkbox"/>
Grocery Store	<input type="checkbox"/>	Other	<input type="checkbox"/>

c) Proposed trading name for premises (if any): _____

d) Is a licence sought conditional upon construction or completion of premises? Yes No

e) Does the applicant own the proposed licensed premises: Yes No

If No: i) What is the full name and address of the owner: _____

ii) What form of tenure of the premises will the applicant have (*including term of tenure?*)

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

i) A restricted area: _____

ii) A supervised area: _____

5 BUSINESS DETAILS

a) Does the applicant seek the licence in connection with the business of a caterer? Yes No

b) Does the applicant seek the licence in connection with the business of an Auctioneer? Yes No

c) Is the sale of liquor intended to be the principal purpose of the business? Yes No

If NO

i) What is intended to be the principal purpose of the business? _____

ii) What part of Section 36 of the Act is applicable to this application? _____

d) 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 liquor and food? Yes No

If YES, what is the nature of those other goods or services?

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

f) Does the applicant intend to provide complimentary samples of liquor on the premises? Yes No

6 CONDITIONS

a) What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of liquor to prohibited persons are observed? _____

b) *(Where the principal business is other than the manufacturer or sale of liquor)* What kind or kinds of liquor does the applicant intend to sell or deliver under the licence.? _____

Dated at _____ This _____ Day of _____ 2000

Applicant

OFFICE USE ONLY:

Amount Paid: _____ **Receipt No:** _____ **Date:** _____