

# APPLICATION FOR TEMPORARY AUTHORITY

Form 17  
Sections 24 & 47 Sale of Liquor Act 1989

To: **The Secretary**  
**Otorohanga District Licensing Agency**  
**Otorohanga**

Application for temporary authority to carry out the sale and supply (*or delivery*) of liquor is made in accordance with the details set out below.

## 1 DETAILS OF APPLICANT

- a) Full Name, Address & Occupation \_\_\_\_\_  
\_\_\_\_\_
- b) Postal Address for Service of Documents: \_\_\_\_\_  
\_\_\_\_\_
- c) Daytime contact name & phone number: \_\_\_\_\_

## 2 DETAILS OF LICENCE

- a) Type of licence (*tick appropriate box*)  
On-Licence  Off-Licence
- b) Number: \_\_\_\_\_

## 3 DETAILS OF PREMISES

*(To be included only where the licence applies to any premises)*

- a) Address \_\_\_\_\_
- b) Trading or other name (if any) \_\_\_\_\_

## 3 DETAILS OF CONVEYANCE

*(To be included only where the licence applies to any conveyance)*

- a) Type of conveyance: \_\_\_\_\_
- b) Address of home base (if any) \_\_\_\_\_
- c) Trading or other name (if any) \_\_\_\_\_

## 4 FURTHER DETAILS

- a) What right, title, estate or interest does the applicant have:
- i) In the premises (or conveyance) to which the application relates:  
\_\_\_\_\_
  - ii) In any business conducted in the premises (or conveyance) to which the application relates:  
\_\_\_\_\_
- b) Does the applicant intend to carry on the sale and supply (or delivery) of liquor personally? YES / NO
- If NO: What is the name, address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of liquor?
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- c) What are the reasons for the application?
- \_\_\_\_\_
- \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Applicant

---

### NOTES

- 1 The District Licensing Agency may require notice of this application to be given to any person or persons it may specify.
- 2 For the matters that are to accompany this application, see regulation 19(2) of the Sale of Liquor Regulations 1990.

---

### OFFICE USE ONLY

Fee Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_