**Application for Temporary Authority**

**Information and requirements**

The District Licensing Committee may hear and determine an application for a Temporary Authority without notice or require a hearing and will direct that notice of such hearing (including the time and date) be served on any persons and in any manner they specify.

**EVERY application must be accompanied by the following:**

⬜ The original of the completed application and supporting documents

⬜ **The prescribed fee being $296.70 including gst.**

**Application for Temporary Authority**

 Section 136 Sale and Supply of Alcohol Act 2012

Form 16

AL 016

 To: The Secretary

 Buller District Licensing Committee

 c/ Buller District Council

 PO Box 21

 WESTPORT 7866

*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.*

**Please use a separate sheet of paper if there is insufficient space provided for your answers.**

1. **Details of Applicant:**
2. Full legal name or names to be on licence:
3. Residential Address:
4. Occupation:
5. Postal Address for service of documents:
6. Contact name (if other than above):
7. Daytime contact number:
8. Email:
9. **Details of Licence:**

**Type of Licence:** (Tick appropriate box)⬜ On Licence ⬜ Off Licence

|  |  |  |  |
| --- | --- | --- | --- |
| Licence Number: |  | Expiry Date: |  |
| Licence Number: |  | Expiry Date: |  |

1. **Details of Premises:**

*To be included only where the licence applies to any premises that are not a conveyance.*)

 Address of licensed premises:

 Trading or other name (if any):

# DLA ADMINITRATION USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Date Lodged: |  | Record No.: |  |
| Fee paid: |  | Receipt No.: |  |
| Debtor No.: |  | Invoice: |  |

1. **Details of Conveyance:**

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

 Type of conveyance: : (eg. Ship, railway carriage, bus, etc)

 Address of home base:

 Trading or other name (if any):

1. **Details of Manager**

Full Legal Name:

Certificate No: Expiry:

Full Legal Name:

Certificate No: Expiry:

1. **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 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: |  |
| (c) | What are the reasons for the application? |
|  |  |
| (d)  | Take over date: |  |

Dated at this day of 20

#  *Applicant Signature*

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.

*The personal information that you provide in this form will be held and protected by Buller District Council in accordance with our privacy policy (available at bullerdc.govt.nz/privacy and at council libraries and service centres) and with the Privacy Act 2020. Council's privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy*

**NEW ZEALAND POLICE AUTHORISATION**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_