



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

- a. Full legal name or names to be on licence: _____
- b. Residential Address: _____
- c. Occupation: _____
- d. Postal Address for service of documents: _____
- e. Contact name (if other than above): _____
- f. Daytime contact number: _____
- g. Email: _____

2. Details of Licence

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

Licence Number: _____ Expiry Date: _____

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3. 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 Administration Use Only

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

4. 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): _____

5. Details of Managers

Full Legal Name: _____

Certificate No. _____ Expiry: _____

Full Legal Name: _____

Certificate No. _____ Expiry: _____

6. 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.

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: _____