



**Form 3**

**APPLICATION FOR ON LICENCE**

15 Forth Street, PO Box 903, Invercargill 9840 New Zealand  
Tel: 0800 732 732, Fax: 0800 732 329  
[liquor@southlanddc.govt.nz](mailto:liquor@southlanddc.govt.nz) [www.southlanddc.govt.nz](http://www.southlanddc.govt.nz)

Section 100, Sale and Supply of Alcohol Act 2012

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

**1. Endorsements (state by type every endorsement sought)**

**Select one of the following options:**

- On Licence with no endorsements
- BYO restaurant only (Section 37)
- On Licence with the addition of Caterer services (Section 38)

**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 : \_\_\_\_\_ Kind : \_\_\_\_\_

**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**

Area Office	Knowledge	LIQ -
		Container: L
		Payment: Cash/Cheq/DD/Credit/EFT
		\$368 \$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 attached the company extract*)**

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)*

\_\_\_\_\_

**4. 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: \_\_\_\_\_

**5. 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: \_\_\_\_\_

**6. Details of business**

**Nature of business to be conducted:**

Hotel  Tavern  Restaurant  Entertainment/Nightclub

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 sale of alcohol?

\_\_\_\_\_  
\_\_\_\_\_

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

(i) A restricted area: \_\_\_\_\_

(ii) A supervised area: \_\_\_\_\_

## 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 the NZ Fire Service (telephone 03 214 3763) for more information about evacuation schemes and fire safety requirements.

## 7. Conditions

**What experience and training does the applicant have?** \_\_\_\_\_

\_\_\_\_\_

**What provision does the applicant intend to make for the sale and supply of -**

Food: \_\_\_\_\_

Non-alcoholic beverages: \_\_\_\_\_

Low-alcohol beverages: \_\_\_\_\_

Free Drinking water: \_\_\_\_\_

If no access to mains water supply, how will you ensure the portability of water available?

\_\_\_\_\_

**What steps does the applicant propose to take to provide assistance with or information about alternative forms of transport from the licensed premises?**

\_\_\_\_\_

**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:
- A floor plan showing —
  - Those parts of the premises that are to be used for the sale or supply of alcohol including any outside areas; and
  - Those parts of the premises (if any) that the applicant intends should be designated as restricted areas or as supervised areas:
  - The principal entrance to the premises:
  - Outside Smoking Area
  - Place of safety (if any)
  - Where alcohol will be sold and/or supplied from
  - Location of free drinking water if it is to be provided at a fixed location
- A Menu or other indication of the standard and style of food to be provided or proposed to be provided:
- For body corporate applicant's :- A copy of the certificate of incorporation or equivalent document
- Written statement from the property owner stating they have no objection to the grant of a liquor licence
- How the applicant proposes to ensure requirements of the Sale and Supply of Alcohol Act are observed - i.e. host responsibility plan, prohibited persons, alcohol Management plan
- Business proposal – a statement regarding what type of operation and how you will run the business. How will alcohol be served or supplied within the premises? This will help Council to advise you what the application fee for the proposal will be.
- Amenity values - All licence applications must demonstrate how the amenity and good order of the locality would not be reduced by 'more than minor' if the licence was granted. This includes aspects like:
  - Current noise or possible future noise levels;
  - Current or possible nuisance and vandalism;
  - Rubbish in an area caused by the premises
  - Location to sensitive sites such as churches, educational facilities etc
- Fee - Please contact a Licensing Inspector to calculate the correct fee.  
Cheques to be made payable to the Southland District Council or  
Direct Debit to 02 0924 0064987 00 reference: LIQ OnLic <TradingName>