

Application for Temporary Authority



Form 16

Sections 136, Sale and Supply or Alcohol Act 2012

To the Secretary
District Licensing Committee Waitaki District Council

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

PART A – APPLICANT

Detail of applicant

Full legal name. _____

Address _____

Occupation _____

Postal address for service of documents _____

Daytime contact name _____ Phone _____

Email Address _____

Details of licence

Type of licence: On-Licence Off-Licence

Licence Number _____ Expiry date _____

Details of premises

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

Address _____

Trading or other name (if any) _____

Details of conveyance (to be included only where the licence applies to any conveyance)

Type of conveyance _____

Address of home base (if any) _____

Trading or other name (if any) _____

Further details

What right, title, estate, or interest does the applicant have:-

In the premises or conveyance to which the application relates? _____

In any business conducted in the premises or conveyance to which the application relates? _____

Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personal?

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 _____

What are the reasons for the application? _____

State first date of trading: _____

Holder of Managers Certificate? Yes No

Dated at _____ Date _____
(Place)

Signature of applicant _____

NOTE

- This application must be accompanied by the prescribed fee of \$296.70
- I confirm payment method as follows: Amount Paid (as per invoice) \$_____

Date of payment: ____/____/____

Cash/Eftpos Bank transfer to account Visa/Mastercard by phone 03 4330 300

02 0940 0156400 00 (name/ref/alcohol) Note: credit cards have a 1.5% surcharge)
- The District Licensing Committee may require notice of this application to be given to any person or person it may state.

Return application to: Waitaki District Council, 20 Thames Street, Private Bag 50058, Oamaru.

Phone: 03 433 0300

Email: regulatory@waitaki.govt.nz