



District Office
15 Galileo Street
Private Bag 544
Ngaruawahia 3742

Telephone (all hours) 07 824 8633
Call Free 0800 492 452
Fax 07 824 8091

Huntly Area Office 142 Main Street 0800 492 452
Raglan Area Office 7 Bow Street 07 825 8129
Tuakau Area Office 2 Dominion Road 0800 492 452

email:
css@waidc.govt.nz
www.waikatodistrict.govt.nz

Application for Off-Licence *or* Renewal of Off-Licence

(please strike out one)

Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

To: The Secretary
District Licensing Committee
Waikato District Council
Private Bag 544
NGARUAWAHIA 3742

Application for an Off-Licence or renewal of an Off-Licence is made in accordance with the details set out below:

Details of Application

Type of application (tick box that applies):

New Off-Licence Renewal of Off-Licence Variation of Off-Licence

Is a licence already held for the premises or conveyance concerned?

Yes No

If Yes, state kind of licence and licence number:

Endorsements

Type of endorsement sought or sought to be renewed (tick all appropriate boxes):

Auctioneer Remote sales

Details of Applicant

Full legal name or names to be on licence:

Contact person: Daytime phone:

Email:

Postal Address for service of documents:

Town:..... Post Code:.....

Status of applicant:

Natural person Private company Public company

Partnership Limited partnership Trustee

Other (state) Body corporate, board, organisation or other body; Licensing Trust; Government department or other instrument of the Crown; Local Authority; Trustee; Manager under the Protection of Personal and Property Rights Act 1988

For an applicant that is a natural person or persons (complete for each applicant):

Full legal name: Male Female
Also known as:
Residential address:
Town:..... Post Code:.....
Occupation:
Date of Birth: Place of Birth:
Phone: Email:.....
Preferred mode of contact:.....

Full legal name: Male Female
Also known as:
Residential address:
Town:..... Post Code:.....
Occupation:
Date of Birth: Place of Birth:
Phone: Email:.....
Preferred mode of contact:.....

Full legal name: Male Female
Also known as:
Residential address:
Town:..... Post Code:.....
Occupation:
Date of Birth: Place of Birth:
Phone: Email:.....
Preferred mode of contact:.....

Business details: *(describe principal business and any other businesses)*
.....
.....
.....
.....

Criminal convictions *(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):*
.....
.....
.....
.....

For a body corporate, authority under which incorporated:

Further Details Where Applicant is a Company

Date and place of incorporation:

Give full details of each director: *(Use an additional sheet of paper if necessary)*

Name	Address	Date of Birth	Place of Birth	Designation
.....
.....
.....
.....
.....
.....

Public Company Only: Give full details of each person who holds 20 percent or more of the shares issued by the company:

Name	Address	Date of Birth	Place of Birth	Designation
.....
.....
.....
.....

Private Company Only: Authorised Capital \$..... Paid-up Capital \$.....

Give full details of each person who holds any shares issued by the company:

Name	Address	Date of Birth	Place of Birth	Designation	Face value of shares held
.....
.....
.....
.....
.....

Further Details Where Applicant is a Partnership

(attach a copy of the partnership agreement to the application)

Give full details of each partner: *(Use an additional sheet of paper if necessary)*

Name	Address	Date of Birth	Place of Birth	Designation
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Details of Premises

Address of premises:

Proposed trading name:

Does the applicant own the proposed licensed premises? Yes No

If No, what is the full name and address of the owner:

Full Name:

Address:

Town:..... Post Code:.....

Tenure: (freehold, unit title, leasehold or under licence, including term)

Is the licence conditional on completion of building work? Yes No

If Yes, please state details:

Details of Managers

If more than four bar managers are to be employed, give details on a separate sheet of paper

Full name and address:

Manager's certificate number: Expiry date:.....

Full name and address:

Manager's certificate number: Expiry date:.....

Full name and address:

Manager's certificate number: Expiry date:.....

Full name and address:

Manager's certificate number: Expiry date:.....

Business Details

What is the general nature of the business to be conducted by the applicant if the licence is granted? (eg hotel, tavern, supermarket, grocery store, retail shop (other than grocery or supermarket), internet sales:

.....
.....

Is the sale of liquor intended to be the principal purpose of the business? Yes No

If NO, what is intended to be the principal purpose of the business?.....
.....
.....
.....

Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than liquor 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, what are those other goods and services?
.....
.....

On which days and during which hours does the applicant intend to sell alcohol under the licence?

.....
.....
.....

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

(i) A supervised area

.....

(ii) A restricted area

.....

Conditions

What is the experience and training of the applicant?
.....
.....
.....

What steps are proposed to be taken to prevent the sale and supply of alcohol to prohibited people?

.....
.....

Describe any other steps proposed 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?

.....

Notes

PLEASE ALSO REFER TO CHECKLIST ON THE NEXT PAGE TO ENSURE ALL INFORMATION IS SUPPLIED WITH THE APPLICATION

This application must be accompanied by the prescribed fee (see information below). Payment may be made online to BNZ Hamilton, 02 0316 0246517 01. Use 'Alcohol' and the Applicant name as the reference.

**USE THIS PAGE TO ENSURE YOU LODGE A COMPLETE APPLICATION.
NOTE: IF NOT COMPLETE, YOUR APPLICATION MAY BE RETURNED TO YOU.**

Attachments required to accompany applications	
<input type="checkbox"/>	For a body corporate – a copy of the certificate of incorporation (or equivalent documentation) and full details in the company details section of the application form
<input type="checkbox"/>	For a partnership – a copy of the partnership agreement and full details of each partner in the partnership details section of the application form
<input type="checkbox"/>	A map showing the location of the premises within Waikato District
<input type="checkbox"/>	Photo or artist’s impression of outside of the premises
<input type="checkbox"/>	Detailed A4 scale floor plan of the interior of the premises showing: <ul style="list-style-type: none"> • those parts of the premises that are to be used for the sale and supply of alcohol. • if a grocery store or supermarket the single area (including any sub-areas) required in section 113 of the Act is to be clearly identified. • each area to be designated as a supervised or restricted area, and indicating whether supervised or restricted area; • the principal entrance or principal entrances
<input type="checkbox"/>	A written statement from the owner of the building consenting to the applicant selling alcohol from the premises
<input type="checkbox"/>	Certificates from Waikato District Council that the proposed use of the premises meets requirements of the Resource Management Act and of the Building Code (forms attached for NEW applications only, fees apply)
<input type="checkbox"/>	Statement from the building owner that the premises provides and maintains an evacuation scheme as required by section 76 of the Fire and Emergency New Zealand Act 2017, or that because of the building’s current use or nature the owner is not required or is exempt from the requirement to provide and maintain such a scheme (see attached form to complete)
<input type="checkbox"/>	A copy of each manager’s certificate and details of the manager’s experience
<input type="checkbox"/>	Details of staff training/staff training plan
<input type="checkbox"/>	Security plan (including a copy of your incident log and, where appropriate, details of any security company used
<input type="checkbox"/>	A completed CPTED (Crime Prevention Through Environmental Design) site assessment (see form attached)
<input type="checkbox"/>	A locality assessment of amenity and good order including identification of potential sensitive sites issues including vandalism, noise, disorder and the impact of the proposed licensed premises on these with any proposed mitigation measures
<input type="checkbox"/>	Public Notice – the completed template in this application will be places on Council’s website waikatodistrict.govt.nz . Please also complete Form 7 Site Notice and place on your premises
<input type="checkbox"/>	Address the section/s of the Local Alcohol Policy (LAP) that are relevant to your application (NEW AND VARIATIONS only) https://www.waikatodistrict.govt.nz/your-council/plans-policies-and-bylaws/policies
GROCERY STORES	
<input type="checkbox"/>	A verified statement of annual sales revenue required by regulation 12 or 13 (as the case requires) of the Sale and Supply of Alcohol Regulations 2013. The statement is to detail gross sales revenue, excluding GST of food products, household items, alcohol, tobacco, convenience foods and other revenue (excluding revenue from NZ Lotteries). <i>Note: Food product is defined in Section 33(1) of the Act and convenience food is defined in regulation 3 of the Sale and Supply of Alcohol Regulations 2013.</i>
And attachments required to accompany renewal applications	

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copies of existing building and planning certificates (if there have been any changes under the Resource Management Act or Building Code new certificate applications may be required). |
| <input type="checkbox"/> | An assessment of the amenity and good order in the locality, any issues caused from the operation of the licensed premises and mitigation measures taken to address these. |

CPTED checklist for off-licensed premises

Windows			
There is at least 50% transparency in the front of the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
There is good visibility to and from the premises and the street	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Lighting			
Internal lighting inside the premises is suitable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lighting allows customers to be seen as they enter the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lighting allows staff to check IDs etc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lighting outside the premises is suitable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lighting outside the premises discourages loitering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Car parks and loading bays are well lit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Street lighting is outside the premises and is working properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Internal Layout			
The cash register is positioned near the main entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The cash register area is raised to improve visibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safe is out of public view	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
No stock displays are greater than 1.3 metres	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The entire premises can be seen by the cashier	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
There is good visibility into cold stores	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Where there may be blind spots, mirrors or CCTV are installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Security			
Doors and windows are reinforced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Nothing encourages loitering outside the premises (eg notice boards etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
There are no recessed entrances to the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Intruder alarm is installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Alarm is monitored by monitoring centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Panic buttons are linked to intruder alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

CCTV			
CCTV is installed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
CCTV is positioned to monitor vulnerable areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Customers are aware of the CCTV system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Staff understand its operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Staff Security			
There are sufficient numbers of staff to ensure control of the premises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Two or more workers are on duty after dark	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Staff are visible to customers upon entering the store	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Staff greet/acknowledge customers entering the store	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A door buzzer notifies staff of customers entering the store	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Fees

Fees are based on a “cost/risk rating” of each premises and take into account the type of premises, hours of operation and any enforcement actions in the previous 18 months. A weighting for each of these will produce the rating for the premises as shown below.

Type of premises (off licences)	Weighting
Supermarket, grocery store, bottle store	15
Hotel or tavern with off licence	10
Remote sale premises, other premises not specified elsewhere	5
Winery cellar doors	2

Latest trading time allowed by off licence	Weighting
10pm or earlier	0
Any time after 10pm	3

Number of enforcements in last 18 months	Weighting
None	0
1	10
2 or more	20

The “cost/risk rating” is the combined total of the weightings for each of the three parameters. To determine the cost/risk rating for your premises add the three weightings applicable to your premises.

There are 5 fee categories depending on the total rating:

Cost/Risk rating	Fee Category	Application fee		Annual fee	
		GST Excl	GST Incl	GST Excl	GST Incl
0-2	Very low	\$320	\$368	\$140	\$161
3-5	Low	\$530	\$609.50	\$340	\$391
6-15	Medium	\$710	\$816.50	\$550	\$632.50
16-25	High	\$890	\$1023.50	\$900	\$1035.00
26+	Very high	\$1050	\$1207.50	\$1250	\$1437.50

Note: The application fee must be paid at the time of application. For a new licence application, if the application is granted, the annual fee must be paid before the licence will be issued. An invoice will be issued once the decision is made. For a renewal application the annual fee is invoiced at the same time as the application and is payable by the anniversary date of the licence. The final determination of the fee category for the premises is made by the Council.

PUBLIC NOTICE

of application for off-licence

NOTE: DO NOT PUBLISH THIS NOTICE IN THE NEWSPAPER

This notice will be published on the Waikato District Council website: waikatodistrict.govt.nz

There will be an administration fee for this service, payable at the time of application

(this applies from 1 July 2021)

.....
.....
(State Full name full name, address and occupation of applicant)* SEE NOTES BELOW

has made application to the District Licensing Committee at Ngaruawahia for the issue of an off-licence in respect of the premises situated at

.....
.....
(address of premises)

and known as
(trading name)

The general nature of the business to be conducted under the licence is:

.....
.....
(eg hotel, tavern, bottle store, grocery store, supermarket, internet sales)

The days on which and the hours during which alcohol is intended to be sold under the licence are:

.....
.....
(specify days and hours)

The applicant seeks the following variation to the licence conditions: (leave blank if no changes)

.....
.....
(proposed changes to licence conditions) **[if any]**

The application may be inspected during ordinary office hours at the office of the Waikato District Council, District Licensing Committee, 15 Galileo Street, Ngaruawahia.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of the first publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Waikato District Council, Private Bag 544, Ngaruawahia 3742.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

***NOTES:** Ensure that the applicant name is the same as the name that you have applied for your on licence under. If the applicant is a company, body corporate or club write the official legal name of the entity seeking the licence, and legal business address, an occupation is not required.

PUBLIC NOTICE

of application for off-licence

This notice is to be displayed in a conspicuous place to be seen from the outside of the premises on or adjacent to the site to which the application relates from the day of filing the application.

Section 101, Sale and Supply of Alcohol Act 2012

.....
(State Full name, address and occupation of applicant)

has made application to the District Licensing Committee at Ngaruawahia for an off-licence in respect of the premises situated at

.....
(address of premises)

and known as
(trading name)

The general nature of the business conducted under the licence is

.....
(eg hotel, tavern, bottle store, grocery store, supermarket, internet sales)

The days on which and the hours during which alcohol is sold under the licence are:

.....
(specify days and hours)

The applicant seeks the following variation to the licence conditions: *(leave blank if no changes)*

.....
(proposed changes to licence conditions) [if any]

.....
The application may be inspected during ordinary office hours at the office of the Waikato District Council, District Licensing Committee, 15 Galileo Street, Ngaruawahia.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of the first publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Waikato District Council, Private Bag 544, Ngaruawahia 3742.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

This notice was first published on the Waikato District Council website:

waikatodistrict.govt.nz on

**APPLICATION FOR LICENCE ISSUED
UNDER THE PROVISIONS OF
THE SALE AND SUPPLY OF ALCOHOL ACT 2012**

IMPORTANT

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR LICENCE
APPLICATION**

To enable the District Licensing Committee to process your licence application it must be accompanied by a statement that either:

- 1 The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of the Fire and Emergency New Zealand Act 2017; or
- 2 The building, by reason of its current use, does not require such a scheme, or that the building is exempt from having to meet the requirements for such a scheme.

STATEMENT TO BE COMPLETED BY APPLICANT

Premises:

Applicant:

Statement (either):

The building in which the premises are situated has an evacuation scheme for public safety which meets the requirements of the Fire and Emergency New Zealand Act 2017; or

The building, by reason of its current use, does not require such a scheme, or the building is exempt from having to meet the requirements for such a scheme.

(Cross out option that does not apply)

Signed: **Date:**

Position:

Alternatively the applicant may attach a statement or letter from the New Zealand Fire Service.

DECLARATION

The New Zealand Police are required by the Sale and Supply of Alcohol Act 2012 to make inquiries into the suitability of the applicant. This will involve informing the District Licensing Committee and the Alcohol Regulatory and Licensing Authority of any convictions or concerns involving the applicant. Should there be any concerns, the applicant will also be informed.

- I consent to the release of this information
- I hereby state that the above particulars in the application are true and correct
- I understand that my application will not be lodged with Council until the application fee is paid and all required documents are supplied. Incomplete applications will be returned.

Signature

Date

Name

Designation

Contact us:

Phone 0800 492 452 or 07 8248633 (Community Safety Support , alcohol licensing)

email css@waidc.govt.nz



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email:
css@waidc.govt.nz
www.waikatodistrict.govt.nz

Application for Building Certificate

Sections 100 and 143 Sale and Supply of Alcohol Act 2012

Applicant Details

Name:
Postal address:
Town: Post Code:

Contact Person: Daytime Phone:
Email: Mobile:

Premises

Owner:
Street address:
Legal description: Valuation Number:

Application Details

Is an alcohol licence currently in force for the premises? Yes No
If Yes: (i) What type of licence? Licence number:
(ii) Are any changes proposed to the business operation - eg hours of operation, style of licence?
Yes No

Give full details of the proposed business including:

Description of business operation:

Maximum number of patrons:

Is the building required to have a Building Warrant of Fitness? Yes No
If Yes, please attach a copy of the current Building Warrant of Fitness

Is building work (including plumbing and drainage work) being undertaken on the premises? Yes No

If Yes, give details:
.....
.....

Is this application being made for a new building to be constructed or for a building where building work is being or will be carried out under a building consent? Yes No

If Yes, building consent number:

Other details or comments:
.....
.....
.....

Signature

Signature of applicant: Date:

Notes

This application must be accompanied by:

- (i) the applicable fee (please check the fee payable from the schedule of fees and charges)
- (ii) if a building Warrant of Fitness is required, a copy of the Warrant of Fitness
- (iii) if a resource consent has been issued authorising the activity, a copy of the consent
- (iv) details of any building work being undertaken and of any building consent in force.

Office Use Only

Date Received: Due Date:.....
Application number: Property ID:
Application Fee: Receipt Number:

Application for Planning Certificate

Sections 100 and 143 Sale and Supply of Alcohol Act 2012

If you are unsure of how to complete this form it is recommended that you engage the services of a suitably qualified person to help you with your application. It is important that you answer all questions in full otherwise your application you may be requested to provide further information. Please note that all the information provided in this application is available to the public and for statistical purposes.

A.1 APPLICANT DETAILS <small>(the name of the consent holder who will be responsible for the consent and any associated costs, unless otherwise stated in Section A.11)</small>	
Full Name (please write all names in full) OR Name of Company Trust/Organisation (Please note that if a Trust, all Trustee Names must be included) Postal Address Email Phone How do you wish to receive correspondence? (Please tick)	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="checkbox"/> Post <input type="checkbox"/> E-mail
If you have an agent / spokesperson acting on your behalf, tick here <input type="checkbox"/> and enter their details below in A.2 <i>Please note: if you appoint an agent, the Council will contact <u>only</u> the agent regarding this application unless you specifically request otherwise. To request copies of all correspondence sent to the agent, please tick</i> <input type="checkbox"/>	

A.2 APPLICATION SITE DETAILS	
Site/Street Address	Town/Location
Legal Description (from your Rates Notice or Certificate of Title) Owner	

A.3 APPLICATION DETAILS				
Is an alcohol licence currently in force for the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes to above, What type of licence is in force?				
Will there be a change to the type of licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes to above, What type of licence is proposed?			
Will the area of the building to be licensed changed?	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>
If Yes to above, is it increasing or decreasing and by how much (GFA)?			
Will the ownership change?	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>

A.4 PREVIOUS ADVICE			
Have you had any previous advice and/or correspondence from Council in regards to your proposal?		Yes	No
			<input type="checkbox"/>
Duty Planner	<input type="checkbox"/>	Environmental Health Officer/Licensing Inspector	<input type="checkbox"/>
Pre application PRE /	<input type="checkbox"/>	Name of person you received advice from	
Copy of advice and/or correspondence attached			<input type="checkbox"/>

A.5 NUMBER OF COPIES	
Please provide ONE (1) <u>complete</u> electronic version of the application on CD or memory stick or by emailing it to applications@waidc.govt.nz and/or ONE (1) <u>complete</u> hard copies.	
It is recommended that you separate your resource consent application/s from any other type of application you may be submitting to Council (e.g. liquor license applications).	

A.6 SIGNATURE	
By signing this form, I hereby certify that, to the best of my knowledge and belief, the information given in this application is true and correct.	
Signed by Applicant/s	Dated
Note to Agent	
By signing this form, I hereby certify that:	
<ul style="list-style-type: none"> To the best of my knowledge and belief, the information given in this application is true and correct; I am authorised to submit this application on behalf of the applicant/s; and 	
Signed by Agent	Dated
Name and Role (Please print)	

A.7 HOW TO LODGE THIS APPLICATION <i>This is a set fee applicable application. Please refer to Council's current schedule of fees for the current fee. Council's preferred method of payment is internet banking. Your application will not be processed until the required application fee is received</i>
--

7.1 If lodging electronically with an Alcohol Licence application: Please provide a complete electronic version of the application, in a separate folder or attachment to your Alcohol Licence application. This may mean providing the same information twice. Please email your applications to applications@waidc.govt.nz
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7.2 If lodging a hard copy with an Alcohol Licence application: Please lodge over the front counter at any service centre. You are required to separate all of the documents required with this application from any other applications you may be making at the time, this may mean you have to provide the same information for two separate applications. Alternatively please use the postal address on the front of this form to send by courier or standard mail.

A.8 MONEY MATTERS

Payment Options – please tick

Internet Banking

Payment made via Internet Banking – Use the Bill Payment option for your bank, select **Waikato DC Resource Consents**, quote your name/client(s) name as the reference

Date of Payment

Payment Advice Information attached

Cheque

Council Offices

Payment made at Council Office

Receipt Number

Date of Payment

Invoice Payment (if applicable) NB your application will not be processed until payment is received

Important Privacy Information

The information you provided in your application (including personal information) is official information. Your application documents, the details of this consent and any ongoing communications between you and Council will be held at Council's offices and maybe accessed upon request by a third party. Access to information held by Council is administered in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993. Your information may be disclosed in accordance with the terms of these Acts. If you have any concerns about this, please discuss with a Council Planner prior to lodging your application.

B: Information needed for lodging your application

For your application to be processed, your application must meet the requirements of the Resource Management Act. To assist you with this we have developed a checklist below.

B1: General Requirements		Applicant <input checked="" type="checkbox"/>	Council Check <input checked="" type="checkbox"/>
B1.1	A description of the activity including the existing (if applicable) and proposed hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>
B1.2	A description of the site at which the activity is to occur	<input type="checkbox"/>	<input type="checkbox"/>

B2: Plans Checklist		Applicant <input checked="" type="checkbox"/>	Council Check <input checked="" type="checkbox"/>
B2.1	Current copy of Certificate(s) of Title (less than 2 months old) including diagram page, copies of any encumbrances, easements etc, and copies of all legal instruments (e.g consent notices and covenants)	<input type="checkbox"/>	<input type="checkbox"/>
B2.2	A floor plan showing the layout and uses of the building / tenancy including any outdoor areas. The area(s) of the premises and/or the site where alcohol is to be sold, supplied or consumed must be clearly shown.	<input type="checkbox"/>	<input type="checkbox"/>
B2.3	A site plan (to an appropriate metric scale of either 1:100 or 1:200) showing (where relevant) <ul style="list-style-type: none"> (a) A north arrow and the scale (b) Legal and physical roads. (c) The location of the building / tenancy in relation to legal site boundaries. (d) Existing and proposed access points (entrances). (e) Existing and proposed access-ways/right of ways. (f) On-site manoeuvring, and existing and proposed vehicle parking spaces. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B2.4	If relevant, a copy of the most recent resource consent and / or any previous planning certificates for the premise.	<input type="checkbox"/>	<input type="checkbox"/>