

APPLICATION FOR TEMPORARY AUTHORITY
(Sections 24 and 47, Sale of Liquor Act 1989)

To: The Secretary
The District Licensing Agency
Timaru District Council
P O Box 522
Timaru

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

1 DETAILS OF APPLICANT

(a) Full name(s), address, occupation and date of birth:

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(b) Postal address for service of documents:

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(c) Daytime contact name and information:

Name:

Telephone No: Fax No:

E-mail address:

2 DETAILS OF LICENCE

(a) Type of licence (*tick appropriate box*):

On-licence

Off-licence

(b) Number:

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3 DETAILS OF PREMISES *(To be included only where the licence applies to any premises):*

(a) Address:

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(b) Trading or other name *(if any)*:

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4 DETAILS OF CONVEYANCE *(To be included only where the licence applies to any conveyance):*

(a) Type of conveyance:

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(b) Address of home base *(if any)*:

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(d) Trading or other name *(if any)*:

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5 FURTHER DETAILS

(a) What right, title, estate, or interest does the applicant have:

(i) In the premises (or conveyance) to which the application relates?

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(ii) In any business conducted in the premises (or conveyance) to which the application relates?

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(b) Does the applicant intend to carry on the sale and supply (or delivery) of liquor personally?

YES / NO

If NO, what is the name, address, and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of liquor?

Name:

Address:

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Occupation:

(c) What are the reasons for the applications?

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Dated at this..... day of /.....

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Applicant

NOTES:

- 1 The District Licensing Agency may require notice of this application to be given to any person or persons it may specify.
- 2 For the matters that are to accompany this application, see Regulation 19 (2) of the Sale of Liquor Regulations 1990.