



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

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

Application Number: ..... / .....

Fee Paid: .....

Receipt Number: .....

Checked: .....

**To** The Secretary  
 District Licensing Committee  
 Timaru District Council  
 PO Box 522  
 Timaru 7940

- On Licence – New
- On Licence – Renewal

**Endorsements (if applicable)**

- Section 37 BYO
- Section 38 Endorsed Caterer

**1 Details of Applicant**

a) Company name or full legal name(s) if individual to be on licence:  
 .....

b) Whether licence already held for premises or conveyance concerned

- Yes
- No

If Yes, state kind of licence:  
 .....

c) Applicant status (*tick appropriate box*):

- |  |   |
|--|---|
| <input type="checkbox"/> Natural person  | <input type="checkbox"/> Trustee              |
| <input type="checkbox"/> Private Company | <input type="checkbox"/> Partnership          |
| <input type="checkbox"/> Club            | <input type="checkbox"/> Public Company       |
| <input type="checkbox"/> Local Authority | <input type="checkbox"/> Incorporated Society |

d) For applicant that is a natural person or persons:

Male  Female

Residential Address:.....

Occupation: .....

Date of Birth:.....

Daytime Contact Number:.....

Mobile Number: .....

e) For applicant that is not a natural person or persons:

Contact Name:.....

Residential Address:.....

Daytime Contact Number:.....

Mobile Number: .....

Email: .....

f) Business details (*describe principal business, any other businesses*) .....

.....  
 .....

g) Have you (or in the case of a company – any Director / Partner) ever been convicted of an offence (including traffic but not parking)? **Note:** *As per the Criminal Records (Clean Slate) Act 2004, if you have no convictions in the last 7 years, you need not declare any convictions prior to that date other than convictions relating to imprisonment or indefinite disqualified from driving?*

Yes  No

If 'Yes', give details below:

| Nature of Offence | Date of Conviction | Penalty Suffered |
|-------------------|--------------------|------------------|
|                   |                    |                  |
|                   |                    |                  |
|                   |                    |                  |

h) For a private company - full legal names and addresses of directors:

| Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |

i) For a private company incorporated under the Companies Act 1993:

Authorised Capital \$ ..... Paid Up Capital \$ .....

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 |
|------|---------|---------------|----------------|-------------|----------------------|
|      |         |               |                |             |                      |
|      |         |               |                |             |                      |
|      |         |               |                |             |                      |

j) For a partnership, full legal names and addresses of partners

| Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |

**2 Details of Premises**

a) Address .....

.....

b) Any name, trading name, or name of building .....

c) If not owned by applicant:

- Tenure (*state whether to be held as leasehold, or under tenancy agreement or licence*) .....

- Full legal name and address of owner: .....

d) Whether licence conditional on completion of building work

Yes  No

If Yes, state kind of licence:

**3 Details of Conveyance**

a) Kind (*eg, ship, railway carriage, bus, etc*) .....

b) Tenure (*ie owned by applicant, or operated under charter, lease, or licence*) .....

c) If not owned by applicant, full legal name and address of owner .....

d) Any registration number .....

e) Any home base address .....

f) Any name used or proposed for conveyance .....

g) Whether licence conditional on completion of construction work

Yes  No

If Yes, state details:

**4 Details of Managers**

| Name | Address | Date of Birth | MC Number and expiry date |
|------|---------|---------------|---------------------------|
|      |         |               |                           |
|      |         |               |                           |
|      |         |               |                           |
|      |         |               |                           |
|      |         |               |                           |
|      |         |               |                           |

**5 Business Details**

a) General nature of the business to be conducted by applicant in the premises if licence granted (*eg hotel, tavern, restaurant, entertainment/nightclub*)

.....

b) Whether sale of alcohol intended to be principal purpose of business

Yes       No

If "No", intended principal purpose of business

.....

c) Whether 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

d) If "Yes", nature of other goods or services

.....

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

.....

.....

**6 Conditions**

a) Experience and training of applicant .....

.....

b) What provisions does the applicant intend to make for the sale and supply of food  
(*copy of menu's including all day and/or snack menu*): .....

.....

c) Non-alcoholic beverages (*type and range*) .....

.....

d) Low-alcohol beverages (*Name*):.....

.....

e) To what extent, and where, drinking water is intended to be freely available to patrons

.....

f) What steps does the applicant propose to provide help with, and information about, transport options from the licensed premises?

.....

.....

g) What steps does the applicant propose to prevent the sale and supply of alcohol to prohibited people?

.....

.....

h) What other steps does the applicant propose to take aimed at promoting the responsible consumption of alcohol?

.....

.....

i) What other systems (including training systems), and staff in place (or to be in place) for compliance with the Act?

.....

.....

j) Are any changes sought to the present conditions of the licence

Yes                       No

If "Yes" what changes are sought

.....  
.....

What are the full reasons for the changes sought

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

**7 Attachments**

- Copy of planning consent
- Copies of all relevant building certificates consents
- Photo of principal entrance
- Host Responsibility Policy
- Floor plan showing –
  - each area to be designated as an:
    - Undesignated area (*Any person of any age may be present on the premises*); or
    - Supervised area (*Persons under 18 may be present, but only if accompanied by a parent or legal guardian. Those under 18 cannot be sold alcohol*); or
    - Restricted area (*No person under 18 may be present on the premises*)
  - Outside area (*i.e. smoking area / beer garden etc*)
  - the principal entrance
- For body corporate applicant - copy of certificate of incorporation
- Copy of Menu(s)
- Fire Evacuation Form

**8 Attachments (conveyance only)**

- Floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area.
- For body corporate applicant, copy of certificate of incorporation

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

.....

Signature of Applicant

Notes

- 1 *This form must be accompanied by the prescribed fee.*
- 2 *Within 20 working days after filing this application with the District Licensing Committee (or 10 working days if it is an application for renewal), the applicant must give public notice of it in form 7. The notice must be given in compliance with regulation 36, 37, or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application).*
- 3 *Except in the case of a conveyance, within 10 working days after filing this application with the District Licensing Committee, the applicant must ensure that notice of this application in form 7 is attached in a conspicuous place on or adjacent to the site to which this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).*



## CPTED Checklist for On-Licensed Premises

*CPTED is Crime Prevention Through Environmental Design. This checklist is a tool to help you with the safe management of your premises. It may be used in discussion with a licensing inspector. A "Licensed Premises CPTED Guide" can also be found on the Health Promotion Agency website ([www.alcohol.org.nz/research-resources/latest-resources](http://www.alcohol.org.nz/research-resources/latest-resources)).*

| <b>Bar Area</b>  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Bar staff have good visibility of entire premises                                      | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Area behind the bar is raised to improve visibility                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Bar area is open with no obstructions affecting monitoring of premises                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Cash registers are front facing  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| If cash registers are not front facing, mirrors are installed for monitoring customers | <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 |

| <b>Internal Layout</b>   |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Premises is laid out so staff can monitor patrons at all times | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| There are no obstructions within the bar causing blind spots   | <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 |
| Bar is easily approached by customers                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Customers can easily move around the premises                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Sufficient seating is provided                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Customers cannot climb on structures or fittings               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>Crowding</b>   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| The premises are not overcrowded  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| The maximum number of patrons for the premises is displayed and complied with | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>Lighting</b>   |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Internal lighting is suitable   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Lighting allows door staff to check IDs etc                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Lighting allows staff to monitor patrons inside the premises                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| No areas are too dark inside the premises                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Internal lighting can be raised in an emergency or incident and at closing time | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| External lighting is suitable   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| External security lighting is installed   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>Ventilation</b>                                    |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| A ventilation system is installed                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| The premises are maintained at a suitable temperature | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>Outdoor Drinking Areas</b>  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Outdoor drinking areas are monitoring by bar and/or security staff             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Lighting allows staff to monitor patrons                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Customers can move easily around the outdoor drinking areas                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Outdoor drinking areas are well defined from surrounding external environments | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Pavement creep is not evident  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Outdoor drinking areas are not overcrowded                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| A street trading licence or equivalent is held and is current                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>CCTV</b>                                    |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 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 |
| Patrons 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 |

| <b>Entrances and Exits</b>   |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Entrances and exits are visible from behind the bar area             | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| CCTV is installed to monitor blind entrances and exits               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Door staff monitor entrances and exits                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Where queuing occurs outside the premises, there is sufficient space | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>Toilets</b>  |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Toilet facility entrances are visible from the bar area | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Toilets are inspected regularly                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

| <b>Staff</b>  |                          |     |                          |    |                          |     |
|---|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 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 |
| Staff are visible to patrons  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Staff monitor the premises for conflict and crime                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Security staff are properly trained and certified                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |