

SALE AND SUPPLY OF ALCOHOL REGULATIONS 2013

Application for Special Licence

Section 138, Sale and Supply of Alcohol Act 2012

TO: The Secretary District Licensing Committee Stratford District Council PO Box 320 Stratford 4352

Application for Special Licence is made in accordance with the details set out below:

TYPE OF SPECIAL LICENCE							
Tick the type of special licence you are applying for?							
O On-Site (Alcohol will be consumed at the premises) O Off-Site (Alcohol will be sold at the premises and will be consumed elsewhere)							
If the application is made less than 20 working days before the event, explain the circumstances why the event could not have been planned earlier:							
Class 1 〇	Class 2 〇		Class 3 O]			
-							
DETAILS OF APPLICANT							
Full legal name to be on lic	ence						
Contact name and phone n	number						
Residential address							
Postal address for service of documents							
STATUS OF APPLICANT (state by reference to section 28 of the Sale and Supply of Alcohol Act 2012)							
Natural Person	Private Company	0	Public Company	0			
Licensing Trust	Partnership	0	Department of state Other instrument of Crown	0			
Territorial Authority 〇	Trustee	0	Club	0			
Limited partnership 🔘	Board, Organisatior other body	nor ()	A manager under the protection of personal and property rights Act 1988	0			

CRIMINAL CONVICTIONS						
Has the applicant(s) been convicted of any offence? Yes O No O 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) received since the certificate as issued or last renewal						
Nature of Offence Date of Conviction						
DETAILS OF MANAGERS – (When alcohol being sold or supplied to the public a certified manager must be on duty at all times)						
Full Legal name						
Managers Certificate Number Expiry Date						
Full Legal Name						
Managers Certificate Number Expiry Date						
Full Legal Name						
Managers Certificate Number Expiry Date						
DETAILS OF PREMISES						
Address of Premises:						
Is a licence already held for premises concerned? Yes O No O						
If Yes, kind of licence?						
Any name () Trading name () Name of building ()						
Please state:						
Is the licence conditional upon completion of building work? Yes O No O						
Does the applicant own the proposed premises? Yes \bigcirc No \bigcirc						
If No, what form of tenure does the applicant have?						
Full legal name and address of owner:						
What part of the premises (if any) does the applicant intend should be designated as:						
A restricted area						
A supervised area Undesignated						
(State reason)						
CONVEYANCE						
Type of Conveyance: (please state):						
Registration Number:						
Home Base Address:						
Company name of conveyance to be used:						

EVENT DETAILS						
Nature of event(s):						
Is the sale of alcohol intended to be the principal purpose of the event? Yes O No O If No, what is the intended purpose of the event?						
Proposed days and Day	d hours: Date	Hours	Event details			
	r of people attending:					
Age distribution of people attending: Does the applicant intend on engaging in the sale or supply of any other 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 O No O						
CONDITIONS						
Experience and training of applicant:						
Provision intended to be made for: Food						
Non-alcoholio Low-alcoholio	c beverages					
Where and to what extent will drinking water be freely available to patrons?						
If no access to main water supply, how is potable of water intended to be made available?						
What measures will be taken to provide help with information about alternative forms of transport from the premises?						
What measures will be taken to prevent the sale and supply of alcohol to prohibited persons?						

Any other steps the applicant proposes to promote the reasonable consumption of alcohol?					
What action does the applicant intend to take to mitigate any adverse effects on neighbouring land use from activities, such as amplified music?					
What systems (including staff training) does the applicant propose to put in place to ensure compliance with the Sale and Supply of alcohol Act?					
What type of containers does the applicant propose to sell or supply alcohol in?					
Bottl	tles O Cans O	Glass O	Other \bigcirc		
If Other, please specify:					
ATTACHMENTS					
A floor plan showing:					
 Each area to be undesignated or designated as a supervised area or restricted area, and indicating whether supervised or restricted area. The principal entrance. 					
U	For large scale events:				
0	Alcohol management plan.				
0	Event management plan.				
0	Traffic management plan.				
0	Building certificate, if required by the District Licensing Committee.				
O Resource Management Act (RMA) certificate, if required by the District Licensing Committee.					

I DECLARE that to the best of my knowledge and belief the information provided in this application and in any supporting documentation is true and correct.

Dated at Stratford this _____ day of _____ 20

Name _____

Signature

Notes:

If required to do so by the secretary of the District Licensing Committee, the applicant must within 10 working days after the filing of the application with the committee ensure that notice of this application in form 8 is attached in a conspicuous place on or adjacent to the site to which this application relates.