For office use only:

Connect Ref:

Application for new Off-licence

Section 100, Sale and Supply of Alcohol Act 2012

About this application:

Please ensure you have read the Step-by-step guide before you apply
www.ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences

Please complete this form and then arrange a **Lodgement Meeting** appointment with an Alcohol Licensing Inspector in order to lodge your completed application and pay the associated fee. The Alcohol Licensing Team are located at Civic Offices, 53 Hereford Street, Christchurch 8154 and can be contacted by phone (03) 941 8999 or email alcohollicensing@ccc.govt.nz

This application cannot be accepted if the form is incomplete and documents are missing. You will be given an invoice at the Lodgement meeting. Filing is not complete unless your invoice is paid.

Note: All application fees are for processing of an application and are non-refundable, they must be paid when you apply.

We can only process your application once we have both the Proof of Payment of fees AND the required paperwork (application form and required documents).

Accepted methods of payment are: CASH – EFTPOS – Internet Banking.

Any questions contact the Alcohol Licensing Team to discuss and for more information, ph 03 941 8999 or alcohollicensing@ccc.govt.nz

Endorsements: (state by type every endorsement sought) ☐ Auctioneers ☐ Remote Sales

1. New application for:

a. Trading name:

b. Licensee:

2. Lodgement meeting, Fees Calculation Invoice and Payment

(Refer fees information sheet) To be completed at lodgement meeting with inspector before invoicing.

At the Lodgement meeting an inspector will – check the application for completeness, confirm the risk weighting and fees payable, and issue the invoice for payment.

Weighting and fees calculation

a. Type of licensed premises: Weighting:

b. Latest alcohol sale time: Weighting:

c. Enforcements: Weighting:

d. Total weighting: Fee Category: ☐ Very low ☐ Low ☐ Medium ☐ High ☐ Very high

e. Fees payable: Application fee: $ **Annual fee: $**

f. Premises Certificate of Compliance (alcohol) application lodged? ☐ Yes ☐ No If YES, Certificate already issued and attached? ☐ Yes ☐ No

g. Inspector confirmed application vetted and complete for lodgement ☐ Yes ☐ No *(refer to lodgement notes on back page)*

Inspectors Signature: Date: *dd/mm/yyyy*

To be completed by the inspector at the lodgement meeting.

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Connect Invoice number: ☐☐☐☐ Receipt No.:

Date:

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3. Details of applicant

Please give **legal name** as appears on Birth Certificate or Passport

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

b. Other names/aliases known by:

c. Date of birth: Sex: Male Female

d. Occupation/Current employment (including for all Directors):

e. Residential address:

f. Website:

g. Convictions of Company Directors, Partners, or individuals:

Have you ever been convicted of any 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 indefinitely disqualified from driving. Yes No

If YES, give details below. (You may wish to explain the circumstances on another page)

Name of offence:	Date of conviction:	Penalty suffered:

h. Postal address for service of documents:

Suburb: City: Postcode:

Is this address used for any other business with Council? e.g. Rates; dog registration. Yes No

If Yes and this address has changed recently please go to the "Contact us" link at www.ccc.govt.nz/contact-us to update your addess details for all other Council business.

i. Daytime Contact Name:

Phone: Mobile:

Email:

j. Preferred mode of contact:

k. Status of applicant: (tick appropriate box)

- Natural Person
- Private Company
- Trustee
- Licensing Trust
- Partnership
- Public Company
- Government Department
- Local Authority
- Incorporated Society
- Manager under the protection of Personal and Property Rights Act 1988
- Body Corporate to which section 28(1)(b) of the Act applies. Authority incorporated under:
- Board, organization, or other body to which section 28(1)(c)
- Other

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4. Details of all Managers appointed for the premises

a. Full list of all details of all manager(s) to be employed and Certificate Numbers of Manager's Certificate(s):
(Please attach separate sheet if required)

Name:	Known as:	Address:	Certificate number, or if no certificate held confirm if they have applied for one	Expiry Date

Note: please remember to complete a separate ***Notice of Duty Manager Appointment or Change form for all appointments or termination of duty managers.***

5. Further details of where applicant is a company

a. Date of incorporation:

b. Place of incorporation:

c. Full details of each director, and the secretary (if any), as follows:

Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:

d. Private Company only: Authorised Capital: Paid-up Capital:

e. Private Company: Full details of each person who holds any shares issued by the company:

Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:

f. Public Company: Full details of each person who holds 20 percent or more of the shares, or of any particular class of shares, issued by the company.

Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:

6. Further details of where applicant is a partnership

a. Full details of each partner as follows:

Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:

b. Signature of each partner:

7. Premises details

a. Legal address of premises: (Note: for Remote Sales this is the office base)

Is this premises location known by any other address? (Note: for Remotes Sales this could be your website address)

b. Proposed trading name for premises (if any):

c. Is a licence already held for this premises? Yes No If yes, licence number:

d. Do you hold a current Temporary Authority to trade on that licence? Yes No

e. Is a licence sought conditional upon construction/completion of the premises? Yes No

f. Does the applicant own the proposed licensed premises? Yes No

If NO:
Owners full name:

Owners address:

Form and term of tenure (state whether to be held as leasehold, or under tenancy agreement, or licence):

NB: Additional information and/or signed documents may be requested in some instances to confirm tenure.

g. Details of premises area:

The proposed licensed areas include:

NB: Please attach plans annotated with licensed area

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

- **Restricted designation:** no person under 18 may be present on the premises.
- **Supervised designation:** persons under 18 may be present, but only if accompanied by a parent, or legal guardian, i.e. Court appointed. Those under 18 cannot be sold alcohol, but may be supplied by the parent or guardian.
- **Un-designated:** Any person of any age may be present on the premises. Those under 18 cannot be served alcohol, but may be supplied by their parent, or legal guardian.

NB: Any designated areas MUST be marked on the plan for the premises

A restricted area:

A supervised area:

i. **FIRE SAFETY – Section 100(d):** I certify that the Building Owner has confirmed with me that the building: ☐ has ☐ does not require an Evacuation Scheme for public safety which meets the requirements of section 76 of the Fire and Emergency New Zealand Act 2017.

Name of owner:

Signature: Date: *dd/mm/yyyy*

A registered Evacuation Scheme is required when:

- The building can hold more than 100 people;
- There are more than 10 employees in the entire building; or
- Overnight accommodation is provided for more than 5 people.

Please contact Fire and Emergency NZ (telephone 372 8600) for more information about evacuation schemes and fire safety requirements.

8. Business details

Please attach separate sheet if required

a. Does the applicant seek the licence in connection with the business of a remote seller? ☐ Yes ☐ No

If yes, state the address from where the alcohol will be stored and dispatched from.

b. Does the applicant seek the licence in connection with the business of an auctioneer? ☐ Yes ☐ No

c. Is the sale of alcohol intended to be the principal purpose of the business? ☐ Yes ☐ No

If NO:
What is intended to be the principal purpose of the business?

What part of Section 32 of the Act is applicable to this application?

If section 32(1)(f)(grocery stores) applies you must complete the relevant Statement of Annual Sales Revenue available here ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/off-licence

If section 32(1)(b) (Bottle store) applies:
What percentage of your annual sales is expected to be from the sale of alcohol?

d. Is the 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

If YES, what is the nature of those other goods or services?

e. On which days and during which hours does the applicant intend to sell alcohol under this licence? Note for remote sellers: s49 can permit sales "at any time on any day". s59(1) imposes restrictions on hours for delivery to the buyer for all remote. sales licences.

f. Does the applicant intend to provide complimentary samples of alcohol on the premises? ☐ Yes ☐ No

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9. Conditions

Please attach separate sheet if required

The following questions relate to Host Responsibility. In conjunction with completing the questions, you should provide with this application a copy of your 'Host Responsibility Policy' by using the guidelines on our website ccc.govt.nz

a. What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of alcohol to prohibited persons (i.e. minors, intoxicated persons, other persons to whom alcohol may not be sold pursuant to the licence) are observed?

b. Are there any other steps the applicant intends to take to promote the responsible drinking of alcohol?

c. Where the principal business is other than the manufacture or sale of alcohol: What kind or kinds of alcohol does the applicant intend to sell or deliver under the licence?

d. What appropriate systems, staff and training does/will the applicant have in place to ensure compliance with the law?

e. What are the current and possible future noise levels and how does the applicant intend to mitigate them?

f. What are the current and possible future levels of nuisance and vandalism and how does the applicant intend to mitigate them?

g. What other licensed premises are there in the vicinity of this proposed premises? And, will the granting of this licence contribute to an increase in alcohol related problems in the area? (Explain)

h. What is the land near the proposed premises being used for? Will the granting of a licence for your premises impact on changing neighbouring land use? If so, in what way?

10. Please attach the following documents:

You must provide the following prescribed documents (your application will not be accepted without these documents)

- ☐ Floor plans annotated to show licensed area (for whole of premises, and mark any restricted or supervised designated areas)
- ☐ Photo of principle entrance to the premises
- ☐ Certificate of Incorporation (including the extract details of directors and shareholders)
- ☐ Premises Certificate of Compliance (Alcohol)
- ☐ All Grocery Stores must complete a Statement of Annual Sales Revenue if applicable. Template statement available here ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/off-licence
- ☐ Host Responsibility Policy
- ☐ Duty Manager appointment forms for all your duty managers
- ☐ Background information on applicant(s) and Directors – business experience and training experience in the hospitality industry (a brief CV outlining work history would assist)
- ☐ Background information on the Operational Manager (if not to be the licensee) – experience and training in the hospitality industry (a brief CV would assist)
- ☐ Any other information you wish to include to support your application, e.g. business plan, promotional materials etc
- ☐ **Bottle Stores 32(1)(b):** To assist with confirmation of percentage annual income expected from alcohol you may wish to complete a Statement of Annual Sales Revenue if applicable. Template statement available here ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/off-licence

Notes:

- The Agencies may request to inspect a copy of your staff training plan/manuals.
- Tenure (Q7f) – Additional information and/or signed documents may be requested in some instances to confirm tenure.
- Please remember to complete a separate **Notice of Duty Manager Appointment or Change form for any new Duty Manager appointments or termination of duty managers** and provide a copy to both the Alcohol Licensing Team and the Police, as detailed on the form ccc.govt.nz/consents-and-licences/business-licences-and-consents/ alcohol/managers-certificate/notification-of-management-change

Important to note – Public notification of application

All alcohol licence application public notices are published on the dedicated webpage located on ccc.govt.nz/alcohol. Applications are no longer required to be published in the local newspaper.

1. We will take care of the publication of your public notice when you make your application to us.
   - There is a small administration charge for our assistance in loading the content onto the licensing notification webpage. The fee will need to be paid in advance of publication.
   - Your notice will be published within a week of your application being received and the public notice fee being paid.
2. We will send you a copy of the published notice for your records at the same time we send you the front entrance notice for display on your premises. You will need to display the notice on your main entrance for at least 25 working days.
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).

11. Payment

You will be issued an invoice at your lodgement meeting when you file your application. **Payment of Fee MUST be made immediately on receiving the invoice.**

Accepted methods of payment are: CASH – EFTPOS – INTERNET BANKING

Note: All application fees are for processing of an application and are non-refundable, and must be paid when you apply. *We can only process your application once we have both the Proof of Payment of fees AND the required paperwork (application form and required documents).*

Any questions? Contact the Alcohol Licensing Team to discuss and for more information, ph 03 941 8999 or alcohollicensing@ccc.govt.nz.

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12. Authorisation

You must complete this section in full

Have you completed ALL relevant sections of this form and attached ALL requested documents? ☐ **Yes** ☐ **No**

Incomplete applications WILL be returned. **We can only process your application once we have BOTH the Proof of Payment of fees AND the required paperwork (application form and required documents).**

Privacy Statement

Information contained in your application and any supporting information will be held by Christchurch City Council to enable your application to be processed under the Sale and Supply of Alcohol Act 2012. Please note, your full application, including name and contact details will be used by Council staff to assess and provided to decision makers. Your application, with names only will be available on our website. However, if requested under the Local Government Official Information and Meetings Act 1987, we may disclose applications including personal details. If you feel there are reasons why your contact details and/or personal details should be kept confidential, please contact us.

The information will be provided to the statutory reporting agencies (the Police, the Medical Officer of Health, and the Council's Licensing Inspectors) for the purposes of assessing and reporting on your application, and to the Christchurch District Licensing Committee for the purposes of making a decision on your application. This information may form part of a public hearing of your application before the Christchurch District Licensing Committee and may be used in the Committee's decision for your application. Decisions will be made publicly available.

The Council is required to keep a record of every premises licence application (including for renewals and variations) filed with the District Licensing Committee and the Committee's decision on it. This information (which includes the application and all attachments) is made available to the Council's Licensing Inspectors, the Medical Officer of Health, and the Police for the purposes of monitoring ongoing compliance with any licence conditions and undertakings, Duty Manager appointments, and the Act.

The Council is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority.

Any member of the public may, under the Local Government Official Information and Meetings Act 1987, request access to information held by the Council. The Privacy Act 2020 applies to the Council and under that Act, you have the right to see and correct personal information that the Council holds about you.

I have read and understood the above privacy statement ☐ **Yes** ☐ **No**

Dated at Christchurch this _____ day of _____ 20 _____

Applican't Signature:
(must not be signed by an Agent or Solicitor) _____

13. Lodgement meeting and invoicing

Please make an appointment with an alcohol licensing Inspector for a Lodgement meeting. The inspector will confirm your fees and issue your invoice for payment. Your application will not be accepted without this meeting. Phone (03) 941 8999 for an appointment.

14. Processing Timelines:

Manager Certificate applications should be made well before your certificate is required. On average about 5-6 weeks is required for a standard application to allow for processing, statutory reporting on your application, and issuing of a District Licensing Committee (DLC) decision on your licence. Timelines will be longer if there are agency oppositions or missing information on your application. More information about statutory timelines can be found at ccc.govt.nz/alcohol

Lodgement notes – for office use only

Notice of duty manager appointment or change

Section 231, Sale and Supply of Alcohol Act 2012
Refer also s229, s230 and Part 4 of SSA Regulations 2013

Office use only
Received by District Licensing Committee:
Time: Date:

* Mandatory fields

Note: This form can be completed online at https://ccc.govt.nz/notification-of-management-change/

Full trading name:*

Address of premises:*

Signature of licensee: Date:*

Licensee name (please print):*

Position (Director, Partner, Licensee or their representative completing this form):* Phone:*

Email:*

What are you notifying? *Please tick and COMPLETE ONE of the applicable boxes below.* ✓

Note: It is not neccessary to notify the DLC or Police in respect of the appointment of an acting manager for any period not exceeding 48 consecutive hours.

A ☐ New permanent manager (hold a current General Managers Certificate)

Effective from:* / /20

First name:* Middle name:* Family name:*

Known as:* Date of birth:* Gender:

Certificate no:* Certificate expiry date:*

B ☐ Temporary manager (until a General Manager's Certificate is issued)

Note: A temporary manager must apply for a manager's certificate within two working days of their appointment.

Effective from:* / /20

First name:* Middle name:* Family name:*

Known as:* Date of birth:* Gender:

Residential address:*

Name of who they are replacing:* Their certificate no:

Reason for appointment:

C ☐ Acting manager (used to cover absences)

Effective from:* / /20 to / /20

First name:* Middle name:* Family name:*

Known as:* Date of birth:* Gender:

Residential address:*

Name of who they are replacing:* Their certificate no:

Reason for replacement:*

D ☐ Termination/Cancellation of existing manager appointment

Effective from:* / /20

First name:* Middle name:* Family name:*

Known as:* Date of birth:* Gender:

Certificate no:* Certificate expiry date:*

Forward a copy of this completed form, within two working days of the appointment (or termination) to BOTH Agencies:

- **The Secretary**, District Licensing, PO Box 73013. CHRISTCHURCH 8154, Att: Gina Moore or Shiraan Hadfield, Email: managerchange@ccc.govt.nz
- **The Licensing Sergeant**, NZ Police District, PO Box 2109, CHRISTCHURCH, Att: Nicky Jackson, Email: alcoholcanterbury@police.govt.nz

Please keep a copy of this form as part of your Premises Record (s232) of Duty Managers required to be kept by all licensees, as you may need to produce it to show it was sent and received.

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Please use this flowchart to help you work out what section of the form you need to fill out.

This guide will help you to fill out the correct fields in your section.

The section at the top always needs to be filled out in full.

A. Are you appointing a new permanent duty manager (who holds a current General Manager certificate)? This includes existing staff that may have got their duty manager certificate or new starters to the premises.

Yes – Fill out Section A.

*Please ensure full name and DOB is filled in correctly. This allows us to properly identify the person in case of two people with the same name.

B. Do you want to make one of your staff a permanent duty manager but they don't currently have a manager's certificate?

Yes – Fill out Section B.

*Please ensure full name and DOB is filled in correctly. This allows us to properly identify the person in case of two people with the same name.

** If completing the Temporary Manager section for someone replacing a duty manager who is leaving, please also complete Section D for the person leaving.

C. Is your duty manager going on annual or sick leave for more than 48 hours?

Yes – You may need to fill out Section C. Read on to see if it applies to your situation

* If a duty manager is sick or on leave for no more than three weeks at any time (with a maximum accumulated period of six weeks within a year) you can appoint an Acting Manager as cover, however you cannot use an Acting Manager for longer periods..

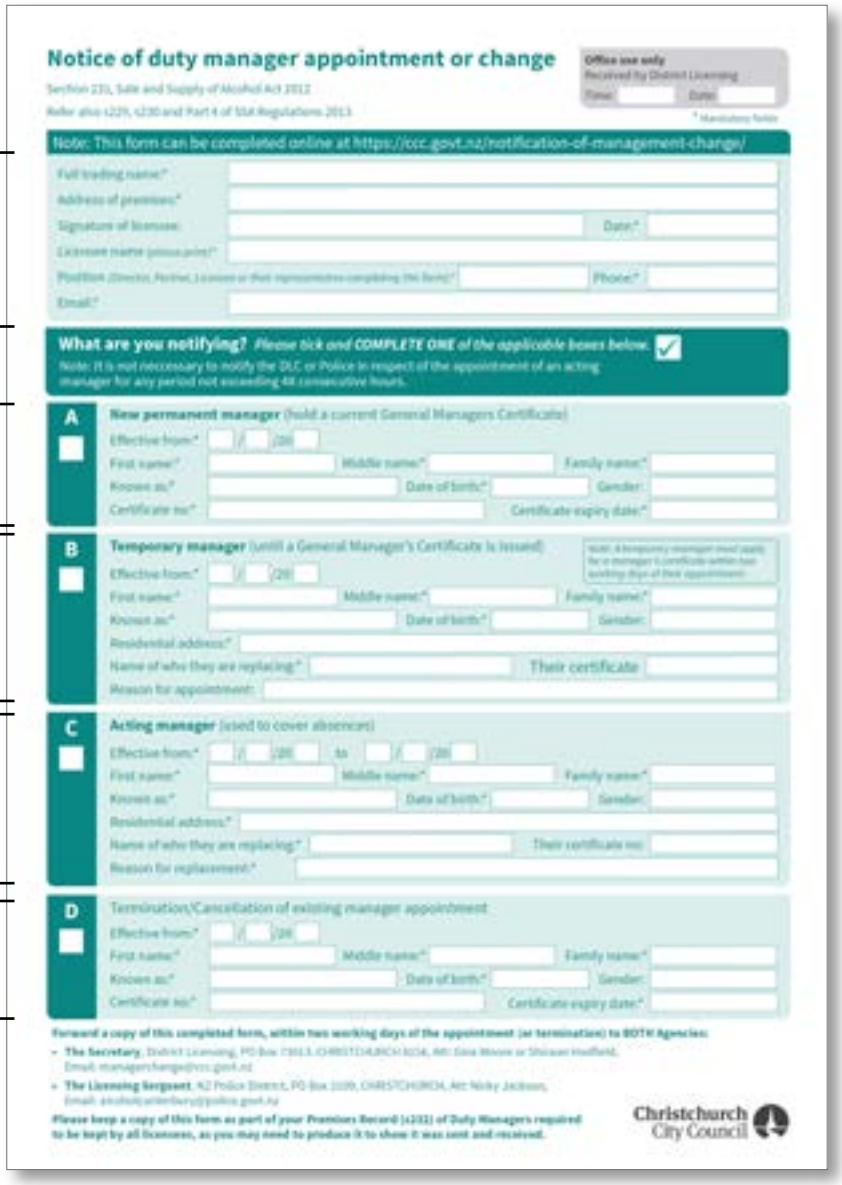
** They do not need a manager's certificate.

*** Please ensure full name and DOB is filled in correctly – this allows us to properly identify the person in case of two people with the same name.

D. Has a duty manager stopped working at your premises?

Yes – Fill out Section D.

*Please include the date they stopped working as a duty manager for your premises.



Notice of duty manager appointment or change

Note: This form can be completed online at https://ccc.govt.nz/notification-of-management-change/

What are you notifying? *Please tick and COMPLETE ONE of the applicable boxes below.*

A New permanent manager (holds a current General Managers Certificate)

B Temporary manager (until a General Manager's Certificate is issued)

C Acting manager (used to cover absences)

D Termination/Cancellation of existing manager appointment

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