

CHECKSHEET FOR TEMPORARY AUTHORITY APPLICATION



NOTE IMPORTANT INFORMATION

1. The substantive (base) licence must be active (not expired or surrendered) to apply for a temporary authority.
2. Applicants are not automatically entitled to the hours stated on any current alcohol licence for which this temporary authority is sought.
3. A person holding a Manager's Certificate must be employed on the premises before a temporary authority can be issued.
4. Indicative time for processing this application is 20 working days.
5. All applicants for temporary authorities are advised to apply for an on-licence or off-licence within 15 working days of the certificate being issued.

Email to: sol@huttcity.govt.nz	Deliver to: Hutt City Council 30 Laings Road Lower Hutt	Post to: The Secretary District Licensing Committee Hutt City Council Private Bag 31912 Lower Hutt 5040
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Please note that the applicant must be the party that will be taking the money from the business, eg the name on the bank account. The application must be signed by one of the following:

- applicant if an individual or
- all members of the partnership or
- the principal director/shareholder of the company or
- applicant's solicitor or
- applicant's agent if a letter of authorisation signed by the applicant is received with the application.

Incomplete applications filed with the District Licensing Committee will not be accepted.

For further information please phone 04 570 6666 or email: sol@huttcity.govt.nz.

HAVE YOU PROVIDED THE FOLLOWING?

<input type="checkbox"/>	Completed application form.
<input type="checkbox"/>	On: A copy of all menus and a list of all alcoholic, low-alcohol (less than 2.5% alcohol) and non-alcoholic drinks that will be provided.
<input type="checkbox"/>	On: Confirmation of current food registration (Notice of Registration) or proof that an application has been submitted to the appropriate registration authority.
<input type="checkbox"/>	Details on how free water will be made available.
<input type="checkbox"/>	A copy of the current On or Off-Licence, and a copy of the most recent 'renewal notice' of the Licence, if applicable.
<input type="checkbox"/>	Written statement signed by the owners of the building giving approval to sell and supply alcohol during the days and hours applied for (note: approval must be for the applicant detailed in the application form).
<input type="checkbox"/>	A copy of the signed lease agreement and sale and purchase agreement.
<input type="checkbox"/>	A copy of each Manager's Certificate for those nominated to manage the premises, and a proposal of how the number of managers will cover the proposed hours.
<input type="checkbox"/>	A reference to support the applicant's experience in the alcohol industry.
<input type="checkbox"/>	\$563.75. Invoice for fee will be provided upon receipt of completed application for immediate payment.

(l) **Manager(s) details**

Full name

Manager certificate number

Expiry date

Full name

Manager certificate number

Expiry date

Full name

Manager certificate number

Expiry date

2. Current licence details

(a) Type of licence

On-licence

Off-licence

(b) Licence number

Expiry date

3. Details of premises

This is to be filled in where the licence applies to any premises.

(a) Address of premises

(b) Current trading name of the premises

(c) Proposed/new trading name for the premises

(d) Does the applicant intend to make cosmetic or structural changes to the premises

Yes

No

If yes, provide details:

4. Details of conveyance

This is to be filled in where the licence applies to a conveyance.	
(a)	Type of conveyance, eg bus, ferry
(b)	Address of home base
(c)	Principal route travelled
(d)	Trading or other name

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, eg lease or property owner. (ii) In any business conducted in the premises (or conveyance) to which the application relates, eg purchase of business.
(b)	Does the applicant intend to personally sell, supply or deliver alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the full legal name, residential address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?

(c) What are the reasons for the application? Please note if this is not your first temporary authority application, you will need to provide a detailed explanation of why this application is needed.

(d) Please provide any further information you feel is relevant to your application for a temporary authority.

(e) Please describe the applicant's experience, qualifications and training in the sale and supply of alcohol.

(f) What date does the applicant intend to start trading from the premises?.

Dated at		this		day of		20
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Applicant's signature	Print name
Applicant's signature	Print name
Applicant's signature	Print name

Privacy statement

The information in your application and any supporting information will be held by Hutt City Council for processing your application under the Sale and Supply of Alcohol Act 2012. Information about this application will be made available to the public on request.

The information will also be provided to the:

- Lower Hutt District Licensing Committee,
- Police,
- Alcohol Regulatory and Licensing Authority,
- Council's Licensing Inspectors, and
- Medical Officer of Health.

This information may form part of a public hearing of your application before the Lower Hutt District Licensing Committee and may be used in the Committee's decision for your application.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or have it corrected, please contact us at contact@huttcity.govt.nz or come in and see us at 30 Laings Road, Lower Hutt 5010. For more information see our [privacy statement](#).

BUILDING OR CONVEYANCE OWNER'S CONSENT – TEMPLATE

To The Secretary
District Licensing Committee
Hutt City Council
30 Laings Road
Private Bag 31912
Lower Hutt 5040

Person giving consent

Name _____ Date _____

Company (if applicable) _____

Address _____

Dear Secretary

I am the owner Body Corporate Chair building manager other* _____

of _____

(Name of address of building or conveyance)

I confirm that I _____

consent to am authorised by the owners to consent to

the proposed sale and supply of alcohol by

(Applicant name – must match application)

on the following days and hours

(Days and hours must match application)

The following extra conditions apply to this consent (write none if none applicable)

Yours faithfully

(Name of person giving consent)

(Signature)

*If none of these options apply, describe the letter writer's role and why they are authorised to give consent on behalf of the building or conveyance owner.