



Rotorua Lakes Council is the operating name of Rotorua District Council

1. COUNTER CHECK-SHEET FOR TEMPORARY AUTHORITY

FULL LEGAL NAME REQUIRED:

Applicant's full name: _____

1. The prescribed fee of \$296.70

NOTE:

This Committee may have to wait a maximum of 15 working days for the Police to report before it can determine this application.

**IMPORTANT: YOU NEED TO ATTACH TO THIS APPLICATION EVIDENCE THAT YOU HAVE
A RIGHT TO OCCUPY THE PROPERTY ON WHICH THE PREMISES ARE LOCATED,
eg: Agreement for Sale & Purchase or Lease Agreement**

NOTES:

This application must be accompanied by the prescribed fee.

The District Licensing Committee may require notice of this application to be given to any persons or persons it may state.

2. DETAILS OF APPLICANT(S) OR COMPANY NAME

To: The Secretary
Rotorua District Licencing Committee
C/- Rotorua Lakes Council
1061 Haupapa Street
Private Bag 3029
Rotorua 3046

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

Title: *[tick one]* Mr Mrs Ms Miss Other: _____

FULL LEGAL NAME REQUIRED:

First name: _____ *[tick one]* Male Female

Middle name: _____

Surname: _____ **OR**

Company name: _____

Postal Address *[for service of documents]* : _____

Business Ph: _____ Fax: _____

Daytime contact name: _____ Home Ph: _____

Mobile Ph: _____ Email: _____

Any Internet Site: _____

Preferred mode of contact : _____

Status of applicant *[tick appropriate box]*

- | | |
|---|--|
| <input type="checkbox"/> Private company | <input type="checkbox"/> Public company |
| <input type="checkbox"/> Local Authority | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Licensing Trust | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Government Department of other instrument of Crown | <input type="checkbox"/> Manager under the Protection of Personal and Property Rights Act 1988 |

Natural person – Where the applicant is a Natural Person.

Title: *[tick one]* Mr Mrs Ms Miss Other: _____

Full name: _____ *[tick one]* Male Female

Any Aliases: _____

Residential Address: _____

Postal Address *[if difference from above:]* _____

Date of Birth: _____ Place of Birth: _____

Drivers licence number: _____

Occupation: _____

Describe Business Details: _____

Is the applicant involved in any other business: _____

3. TYPE OF LICENCE [tick appropriate box]

a) On-Licence Off-Licence Number: _____

4. DETAILS OF PREMISES [to be included only where the licence applies to any premises that are not a conveyance]

a) Address: _____

b) Trading or other name *[if any]*: _____

5. DETAILS OF CONVEYANCE [to be included only where the licence applies to any conveyance]

a) Type of Conveyance*[please state]*: _____

b) Address of home base *[please state]*: _____

c) Trading or other name *[please state]*: _____

6. FURTHER DETAILS

a) What right, title, estate or interest does the applicant have in the premises *[or conveyance]* to which the application relates *[please state]*:

b) Is the applicant involved in any business conducted in the premises (or conveyance) to which the application relates?

c) Does the applicant intend to carry on the sale and supply *[or delivery]* of liquor personally? Yes No

If NO, what is the full legal 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: _____

Occupation: _____

d) What are the reasons for the application? _____

Dated at Rotorua this _____ day of _____ 20 _____

Applicants signature: _____

7. NOTES

1. The District Licensing Committee may require notice of this application to be given to any person or persons it may specify.

RDLA USE ONLY

Date received: _____

Receipt No: _____

Fee paid: \$296.70 GST inclusive

Account No: 44-10-10-5611

NEW ZEALAND POLICE SUPPLEMENT

As applicant for this Licence Authority or Manager's Certificate, you will be required to sign the authorisation below. Failure to allow Police to disclose this information may result in your application not being determined.

AUTHORISATION

"THE POLICE ARE REQUIRED TO REPORT ON THIS APPLICATION TO THE ALCOHOL REGULATORY AND LICENSING AUTHORITY OR ROTORUA DISTRICT LICENSING COMMITTEE. THAT REPORT MAY INCLUDE THE RELEASE OF DETAILS OF ANY PREVIOUS CONVICTIONS YOU MAY HAVE.

YOU WILL RECEIVE A COPY OF THAT REPORT.

DO YOU CONSENT TO THE RELEASE OF THIS INFORMATION?" YES NO

Has the applicant been convicted of any offence other than convictions for offences against provisions of the land Transport Act not contained in Part 6 and offences to which the Criminal Records (clean slate) Act 2004 applies.

NATURE OF OFFENCE	DATE OF CONVICTION	PENALTY SUFFERED

Full Name: _____

Date of birth: _____

Signature of applicant: _____

Date: _____

EVERY DIRECTOR OF APPLICANT COMPANY AND EACH PARTNER OF PARTNERSHIP APPLICATION IS REQUIRED TO COMPLETE A NEW ZEALAND POLICE SUPPLEMENT FORM.