



Fill this form out with the assistance of the On-licence Guide - numbers on this form relate to explanatory notes in the guide.

1. Details of applicant(s)

Fee \$776.00

1a. Full name

First	Second	Surname
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Postal address

Occupation

	Date of birth <small>(individual applicant only)</small>
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/	/	/
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1b. Postal address for service of documents

1c. Daytime contact name and telephone numbers

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<small>Phone</small>	<small>Mobile</small>	<small>Fax</small>
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1d. Full name and address of manager(s) to be employed, and certificate numbers of managers certificate(s)

Name	
Address	
Certificate number	/ / /

Name	
Address	
Certificate number	/ / /

Name	
Address	
Certificate number	/ / /

1e. Status of applicant (tick appropriate box)

<input type="radio"/> Natural person	<input type="radio"/> Private company	<input type="radio"/> Public company	<input type="radio"/> Licencing trust
<input type="radio"/> Partnership	<input type="radio"/> Government department or other instrument of the Crown	<input type="radio"/> Manager under the Protection of Personal & Property Rights Act 1988	<input type="radio"/> Local authority
<input type="radio"/> Trustee	<input type="radio"/> Body corporate to which section 8 (1) (ba) of the Act applies	<input type="radio"/> Board, organisation, or other body to which section 8 (1) (bb) of the Act applies	

2. Further details where the applicant is a company

Incorporation details

2a. Date of incorporation

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2b. Place of incorporation

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2c. Full details of each director and the secretary

Name	
Address	
Position held	
Place & date of birth	/ /

<small>Birthplace</small>		<small>Date of birth</small>
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2. Further details where the applicant is a company - continued

Name		
Address		
Designation		
Place & date of birth	/ /	
	Birthplace	Date of birth
Name		
Address		
Designation		
Place & date of birth	/ /	
	Birthplace	Date of birth
Name		
Address		
Designation		
Place & date of birth	/ /	
	Birthplace	Date of birth

Further details where the applicant is a private company

- 2d. Capital Authorised capital
 Paid-up capital

2e. Full details of each person who holds shares issued by the company

Name		
Address		
Position held		
Face value of shares held	\$	
Place & date of birth	/ /	
	Birthplace	Date of birth
Name		
Address		
Position held		
Face value of shares held	\$	
Place & date of birth	/ /	
	Birthplace	Date of birth
Name		
Address		
Position held		
Face value of shares held	\$	
Place & date of birth	/ /	
	Birthplace	Date of birth
Name		
Address		
Position held		
Face value of shares held	\$	
Place & date of birth	/ /	
	Birthplace	Date of birth

Please turn over

Further details where the applicant is a public company

2f. Full details of each person who holds 20% or more of the shares, or of any particular class of shares issued, by the company

Name	<input type="text"/>	
Address	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth
Name	<input type="text"/>	
Address	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth
Name	<input type="text"/>	
Address	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth
Name	<input type="text"/>	
Address	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth

3. Further details where the applicant is a partnership

3a. Full details of each partner

Name	<input type="text"/>	
Address	<input type="text"/>	
Signature	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth
Name	<input type="text"/>	
Address	<input type="text"/>	
Signature	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth
Name	<input type="text"/>	
Address	<input type="text"/>	
Signature	<input type="text"/>	
Place & date of birth	<input type="text"/>	<input type="text"/> / <input type="text"/>
	Birthplace	Date of birth

4. Premise details

4a. Address of proposed licensed premises

4b. Proposed trading name for premises (if any)

4c. Is the licence sought conditional on construction or completion of building work? Yes No

4d. Does the applicant own the proposed licenced premises? Yes No

If No:

(i) What is the full name and address of the owner?

(ii) What forms of tenure of the premises will the applicant have?

(Including term of tenure) Form of tenure Term of tenure

4. Premise details - continued

4e. What part of the premises (if any) does the licensee intend should be designated as:

(i) A restricted area

(ii) A supervised area

(iii) Undesignated area (specify reason)

5. Business details

5a. What is the general nature of the business to be conducted in the premises if the on-licence is granted?

- Hotel
 Tavern / nightclub
 Restaurant / cafe bar
 Entertainment venue
 Other - please specify

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5b. Is the sale of liquor intended to be the principal purpose of the business?

- Yes
 No

If no: What is the intended principal purpose of the business?

5c. Does the applicant intend to sell or provide any goods and services other than liquor and food?

- Yes
 No

If yes: What is the nature of those other goods or services?

5d. On which days and during which hours does the applicant intend to sell liquor under the licence?

Day of the week	Hours

5e. Is this application for a BYO only on-licence, under Section 28 of the Act?

- Yes
 No

6. Conditions

6a. What provision does the applicant intend to make for the sale and supply of:

(i) Food?

(ii) Non-alcoholic refreshments?

(iii) Low alcohol beverages?

6b. What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of liquor to prohibited persons are observed?

What steps does the applicant propose to take in regard to:

6c. Provision of assistance with or information about alternative forms of transport?

6d. Promoting responsible consumption of liquor?

7. Signature

	Dated at	this	day of	
Applicant's signature	(town/city)		(month)	(year)

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Name (print clearly)

8. Notes

1. In respect of the status of the applicant, see section 8 of the Sale of Liquor Act 1989.
2. For the matters that are to accompany this application, see regulation 5(3) of the Sale of Liquor Regulations 1990.
3. Within 20 working days after filing this application with the District Licencing Agency, the applicant must give public notice of the application in form I. The notice must be published twice in a newspaper or newspapers circulating in the district and nominated by the Secretary of the District Licensing Agency, with not less than 5 days and not more than 10 days between the 2 dates of publication.
4. Within 10 working days after filing this application with the District Licensing Agency, the applicant must ensure that notice of the application in form IA is attached in a conspicuous place on or adjacent to the site to which the application relates (unless the Secretary of the District Licensing Agency agrees that it is impracticable or unreasonable to do so).

*** This WILL NOT BE ACCEPTED unless 2 photocopies of the application form are attached**