

Application for Temporary Authority Order

Sections 136, Sale and Supply of Alcohol Act 2012



! You must lodge your application with supporting information (see checklist) at least 15 working days before a Temporary Authority is required to commence (application fees are non-refundable).
The issue of a Temporary Authority takes approximately 15 working days to process if no opposition or issues arise.
A Temporary Authority is only issued for a maximum of 3 months. Please ensure you lodge your application for your new licence as soon as possible.
If you require assistance with your application please contact the Alcohol Licensing Team on 0800 653 800 or email alcohol.licensing@gdc.govt.nz

Checklist

The following must be attached/completed before the application will be accepted for processing.

Please tick when completed:

- Completed application form.
- Fee paid. See our website for fees.
- A written statement from the owner to the effect that the owner has no objection to the grant of the licence (where the applicant is not the owner of the premises/ conveyance).
- Certificate of incorporation (if applicant is a company or incorporated society).
- Additional information relevant to this application.

1. Applicant details

The applicant is the entity that takes the profit from alcohol. Generally this is a company, incorporated society or partnership.

Legal name(s) of operator (company or person in control):

- Registered company Partnership Sole trader Individual

Postal address for service of documents:

<input type="text"/>	<input type="text"/>	<input type="text"/>
No.	Street/Road	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City		Postcode

2. Applicant contact details

Name in full:

Surname: First Name(s):

Usual residential address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
No.	Street/Road	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City		Postcode

Mobile: Other phone:

Email:

3. Licence details

Type of licence: On-licence Off-licence BYO licence

Licence number: Date applicant officially takes over premises:

4. Criminal convictions

Does the applicant (or any company directors) have any 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)

Yes No

If YES, please state the nature of the offence and date of conviction.

5. Details of premises

Details of premises if not a conveyance

Site address:

Trading name or name of business (if applicable):

Details of conveyance (if applicable)

Type of conveyance:

(e.g. ship, bus, railway, carriage, etc)

Address of home base:

Trading name or name of business (if applicable):

6. Further details

What right, title, estate, or interest does the applicant have (If the applicant is not the owner, attach building owner approval):

In the premises (or conveyance to which the application relates?)

In any business conducted in the premises (or conveyance) to which the application relates?

What are the reasons for the application?

Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?

Yes No

If no, what is the name and contact details of the person who will be running they business for you?

Name in full:

Surname:

First Name(s)

Address:

Mobile:

Other phone:

Holder of a Manager's Certificate?

Yes No

7. Certified Manager details

There must be at least one certified manager associated with the business. For each manager, please provide full legal name, number and expiry date of Manager's Certificate.

Name in full:

Manager's Certificate number: Expiry date:

Name in full:

Manager's Certificate number: Expiry date:

Name in full:

Manager's Certificate number: Expiry date:

8. Declaration & signature of applicant – this must be signed by the applicant and not their agent

I authorise New Zealand Police to disclose any personal information it considers relevant to my application to the Medical Officer of Health and/or the Licensing Inspector for the purpose of assessing my suitability.

Name:

Signature of the applicant:

Dated at (place)

this date of 20

Privacy policy

Information contained in your application and any supporting information will be held by Gisborne District Council to enable your application to be processed under the Sale and Supply of Alcohol Act 2012. This information will be made available to the public on request. The information will be provided to the Gisborne District Licensing Committee, the NZ police, the Medical Officer of Health and Council's Licensing Inspectors. This information may form part of a public hearing of your application before the Gisborne District Licensing Committee and may be used in the Committee's decision for your application. Decisions will be made publicly available.

Council is required to keep a statutory register of all applications and the District Licensing Committee's decisions on them. Council is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority. Any member of the public may request access to this information under the Local Government Official Information and Meetings Act 1987. This information may also be used under the Privacy Act 2020. You have the right to see and correct personal information that Councils holds about you.

Note: The District Licensing Committee may require notice of the application to be given to any person or persons it may state.

Office use only

Amount \$296.70 (GST inc) Payment received by GDC: Code LIQL 3100030316

Scanned objective no: Officer: