

PUBLIC NOTICE OF APPLICATION

Sale and Supply of Alcohol Act 2012 Section 101

DODAM NZ LIMITED, (THE LICENSEE, 195 Marshland Road, Marshland, Christchurch), has made application to the District Licensing Committee at Christchurch for the issue of OFF-LICENCE NEW in respect of the premises situated at 195 Marshland Road, Marshland known as KOSCO SHIRLEY.

The general nature of the business conducted under the licence is: OFF-LICENCE GROCERY

The days on which and the hours during which alcohol is intended to be sold under the licence are:

MONDAY TO SUNDAY 9.00 AM TO 6.00 PM

The application may be inspected during ordinary office hours at the office of the Christchurch District Licensing Committee, 53 Hereford Street, Christchurch. Phone 941 8999 to arrange with the Alcohol Licensing Team.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of the first publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee, P O Box 73013, Christchurch 8154.

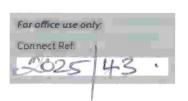
No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

Date of first publication on website: 16 January 2025

www.ccc.govt.nz/alcohol

ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licence-public-notification

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/al | cohol/alcohol-licences |
| Please complete this form and then arrange a Lodgement Meeting appointment your completed application and pay the associated fee. The Alcohol Licensing To Christchurch 8154 and can be contacted by phone (03) 941 8999 or email alcohol. | feam are located at Civic Offices, 53 Hereford Street, |
| This application cannot be accepted if the form is incomplete and document Lodgement meeting. Filing is not complete unless your invoice is paid. | ts are missing. You will be given an invoice at the |
| Note: All application fees are for processing of an application and ove non-refundable, they | must be paid when you apply. |
| We can only process your application once we have both the Proof of Payme form and required documents). | ent of fees AND the required paperwork (application |
| Accepted methods of payment are: CASH - EFTPOS - Internet Banking | |
| Any questions contact the Alcohol Licensing Team to discuss and for more infor | mation, ph 03 941 8999 or <u>aicoholicensing@ccc_poyt.nz</u> |
| Endorsements: (state by type every endorsement sought) Auctioneers | Remote Sales |
| 1. New application for: | |
| a. Trading name: KOSCO SHIRLEY | |
| b. Licensee: DODAM NZ LIMITED | |
| 2. Lodgement meeting, Fees Calculation Invoice an | d 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 com and issue the invoice for payment. | pleteness, confirm the risk weighting and fees payable, |
| Weighting and fees calculation | |
| a. Type of licensed premises: Grocery Store | Weighting: 15 |
| b. Latest alcohol sale time: 6pm | Weighting: |
| c. Enforcements: NA | Weighting: |
| d. Total weighting: \5 Fee Category: Very low | Low Medium High Very high |
| e. Fees payable: Application fee: \$ 816.50 Annual fee: \$ | 632.50 |
| f. Premises Certificate of Compliance / | te afready issued and attached? Yes No |
| | |
| | Nes No (refer to ladgement notes on back page) |
| | |
| g. Inspector confirmed application vetted and complete for lodgement Inspectors Signature | Nes No (refer to ladgement notes on back page) |
| g. Inspector confirmed application vetted and complete for lodgement | Nes No (refer to ladgement notes on back page) |
| g. Inspector confirmed application vetted and complete for lodgement Inspectors Signature | Nes No (refer to ladgement notes on back page) |



| 3. | Details of applicant | Please give legal name as appears on Birth Certif | icate or Passport |
|----|---|--|--|
| a. | Company name or full legal na | me(s) if Individual to be on licence: | |
| | DODAM NZ | LIMITED | |
| b. | Other names/aliases known by | | |
| C. | Date of birth: | | Sex: Male Female |
| d. | Occupation/Current employment | ent (including for all Directors): | |
| | Residential address | | |
| • | Website: | | |
| - | | ctors, Partners, or individuals: | |
| | 2004, if you have no conviction relating to imprisonment or inc | | ? Note: As per the Criminal Records Clean Slate Act convictions prior to that date other than convictions No her page) |
| | Name of offence: | Date of conviction: | Penalty suffered: |
| h. | Postal address for service of do | ocuments: | |
| | Suburb: | City: | Postcode: |
| | | ner business with Council? e.g. Rates; dog regist recently please go to the "Contact us" link at www.co | ration. Yes No coort nationfacture to update your addess details for all |
| i. | Daytime Contact Name: Yo | ON HONG | |
| | Phone: | | |
| | Email: | | |
| j. | Preferr | | |
| k | Status or appreame, (new appre | ipriate box) | |
| | Natural Person | Private Company | Trustee |
| | Licensing Trust | Partnership | Public Company |
| | Government Department | Local Authority | Incorporated Society |
| | | ction of Personal and Property Rights Act 1988 | |
| | | section 28(1)(b) of the Act applies. Authority inc | orporated under: |
| | Board, organization, or ot | her body to which section 28(1)(c) | |
| | Other | | |



| A Full list of all details of all manager(s) to be employed and Certificate Numbers of Manager's Certificate(s): (**Place of the Company only: Authorised Capital: Date of birth: Place of birth: Designation: Full name: Address: Date of birth: Place of birth: Designation: Face value of shares held: Seung Huon Oh Address: Date of birth: Place of birth: Designation: Face value of shares held: Seung Huon Oh Face value of shares held: Seung Huon Oh Address: Date of birth: Place of birth: Designation: Face value of shares held: Seung Huon Oh Face value of shares held: Seung Trusteed 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: Face value of shares held: 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: Face value of shares held: 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: Public Company: Full name: Address: Date of birth: Place of birth: Designation: Face value of shares held: | 4. Details of a | ll Managers | appointed | for the pren | nises | | |
|---|--|----------------------|-------------------|----------------------|-------------------------|-----------------------|--|
| Name: Kingwin as: Address: Certificate mumber, or if no certificate held confirm if they have applied for one Popular Prong. Note: please remember to complete a separate Notice of Buty Menager Appointment or Change form for all appointments or termination of duty menagers. 5. Further details of where applicant is a company a. Date of incorporation: 16 SEP 2024 b. Place of incorporation: c. Full details of each director, and the secretary (in any); as notions. Full name: Address: Date of birth: Place of birth: Designation: Face value of shares held: Seung Huyan Oh d. 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: Seung Huyan Oh Toon Hong Sorrang Trustees 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: | | | | ed and Certificate I | Numbers of Manager | 's Certificate(s): | |
| Note: please remember to complete a separate Notice of Buty 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 notices. Full name: Address: Date of birth: Place of birth: Designation: Face value of shares held: Private Company only: Authorised Capital: 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: Seung Hubn Oh Toon Hong Surpany Trus fees L. 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, issued by the company. Full name: Address: Date of birth: Place of birth: Designation: Face value of shares, issued by the company. Full name: Full name: Face value of birth: Place of birth: Designation: Face value of shares, issued by the company. | NAMES OF A PARTY OF THE PARTY O | | | | certificate | held confirm if | Expiry Date |
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| Full details of each director, and the secretary (if any), as bollows. Full name: Address: Date of birth: Place of birth: Designation: Face value of shares held: 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: Seung Hubin Oh Yoon Hong Sorrong Trustees 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, issued by the 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 | a. Date of incorporat | tion: 16 S | EP SO | 24 | | | |
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| I. Private Company only: Authorised Capital: 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: Seung Huby Oh Yoon Hong Sorrang Trustees 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 | Full name: | Address: | | Date of birth: | Place of birth: | Designation: | |
| 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: Seung Hukun Oh Yoon Hong Sorrang Trustees E. 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 | Seung Hwan | Oh | | | | | |
| Full name: Address: Date of birth: Place of birth: Designation: Face value of shares held: Secure Hubin Oh Your Hong Surrang Trustees 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 | i. Private Company | only: Authorised (| Capital: | | Paid-up Cap | oitai: | |
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| 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 | Full name: | Address: | | Date of birth: | Place of birth: | Designation: | The second secon |
| | E. Public Company: | | person who ho | lds 20 percent or m | ore of the shares, or | of any particular c | lass of shares, issued |
| | Full name: | Address: | | Date of birth: | Place of birth: | Designation: | |
| | | | | | | | |



| 6. | Further details of | f where applicant | is a partners | hip | | |
|------|---|---|--|--|---------------------|----------------------------|
| 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 th | | CORE ACTIVITY AND ADMINISTRATION OF A SECOND PROPERTY OF A SECOND PROPER | | |
| | is this premises location in | CONTRACTOR OF THE PROPERTY OF | THE RESIDENCE OF THE PARTY OF T | | | ressi |
| | | | | | | |
| Ь. | Proposed trading name for is a licence already held for | premises (if any): Ko | 500 SI | nivley | holocch | 12023. |
| C | ts a licence already held for | r this premises? | No If ye | s, licence number: | CCCOO | 6076/1 |
| | Do you hold a current Temp | | | Yes No | | |
| e. | Is a licence sought condition | nal upon construction/con | npletion of the pren | rises? Yes | No | |
| £ | Does the applicant own the | e proposed licensed premis | ies? Yes (| No | | |
| | If NO: Owners full name: Lec | ecialle Para- | 1 /. | | | |
| | Owners address: | forme more | ties Lim | teo | | |
| | Form and term of tenure (s | tate whether to be held or | lescabeld accordance | | et as liennes). | |
| | 12 1 | | | | it, or ricence; | |
| AIR: | Under tenano Additional information and/or: | signed documents thay be requ | vested in some instance | es to confirm tenure. | | |
| | Details of premises area: | | | | | |
| | The proposed licensed area | as include: All area | s as undi | cated on | Store Pla | n - Whole ste |
| | NB: Please attach plans annote | | | | | |
| h. | What part (if any) of the pre | emises does the applicant i | ntend should be de | signated as: | | |
| | Restricted designation: Supervised designation i.e. Court appointed. The Un-designated: Any per | : persons under 18 may be use under 18 cannot be sold | present, but only if alcohol, but may b | accompanied by a supplied by the p | parent or guardian. | |
| | but may be supplied by t | their parent, or legal guardi | an. | THOSE WINDER AD C | and the served di | |
| NB | : Any designated areas MU | ST be marked on the plan | for the premises | | | |
| | A restricted area: | | | | | |



A supervised area:

| i. | FIRE SAFETY – Section 100(d): 1 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 Francisco Cimited |
| | Sign Date: 9/01/25 dd/mm/yyyy |
| | A reg |
| | • 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. ose contact fire and Emergency N2 (selephone 3/2 1600) for more information about evacuation schemes and fire safety requirements. |
| rw | ase courage take and elseideuth RV Beickspain 215 900% in above authorization dromt elsections schedule and the sourth reduitments. |
| 8. | Business details Phonse attach separate sheet if resulted |
| a. | Does the applicant seek the licence in connection with the business of a remote seller? Yes Vo |
| | If yes, state the address from where the akohol will be stored and dispatched from. |
| | |
| <u>b.</u> | Does the applicant seek the ticence in connection with the business of an auctioneer? Yes Vic |
| ٤, | is the sale of alcohol intended to be the principal purpose of the business? Yes Vio |
| | If NO: |
| | What is intended to be the principal purpose of the business? Asian Supermarket |
| | 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 congout national statements and licences that iness licences and consents talcohol 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? |
| đ. | ts the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than alcohol and food, of in the provision of any services other than those directly related to the sale or supply of alcohol and food? Yes 400 |
| | If YES, what is the nature of those other goods or services? |
| | |
| ė. | 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. |
| | |
| 1. | Monday to Sunday 9 am to 6 pm Does the applicant intend to provide complimentary samples of alcohol on the premises? Yes 46 |
| ** | |
| | |

| 9. Con | ditions Please attach separate sheet if research | puired | | |
|---------|---|-------------------------------------|--------------|----|
| | ring questions relate to Host Responsibility. application a copy of your 'Host Responsibility | | | le |
| | iteps does the applicant propose to take to e lited persons (i.e. minors, intoxicated person red? | | | |
| Je | I staff will be tro cohel will not sold to ere any other steps the applicant intends to t | | | |
| - R | rponsible drinking be displayed in lon-al coholic drink the principal business is other than the m to sell or deliver under the licence? | campaign posters the store, will be | ord signs | |
| Be | er, Sake, Rice o | sine K Korean & Jo | pause) | |
| Λi | alcohal salas will | complex at the | and planters | AS |

- Staff will be trained

neighbouring land use? If so, in what way?

an increase in alcohol related problems in the area? (Explain)

use) sales will comply with legal requirements d. What appropriate systems, staff and training does/will the applicant have in place to ensure compliance with the law? All staff will be trained on the Host Responsibility Policy -Mandatory ID checks will be implemented at the print of sale. - Regular training will be provided.

e. What are the current and possible Tuture noise levels and how does the applicant intend to mitigate them? The store will control noise levels by Keeping background music at a appropriate volume. f. What are the current and possible future levels of nuisance and vandalism and how does the applicant intend to mitigate them? .CCTV caneras installed to enhance se curig. What other licensed premises are there in the vicinity of this proposed premises? And, will the granting of this licence contribute to only one liquer store in the area. (Opposite of the businers premise) h. What is the land near the proposed premises being used for? Will the granting of a licence for your premises impact on changing The business will manage noise, waste and parking to ensure that the licence does not negatively impact the reighbourhood / have apositive impact on the local economy. Christchurch

10. Please attach the following documents:

You griust 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, port nz/consents-and-licences/business-licences-and-consents/alcohol-licences/off-licence

You should also provide the following documents to assist with assessment of your application (if these are not provided this will delay assessment of your application)

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-andlicences/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.
- 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 filling 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 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and for more information, ph 03 941 8999 of alcohol Licensing Team to discuss and the discussion of the discussio



| Mave you completed ALL relevant | t sections of this form | and attached | ALL requested docume | ents? / Yes | No |
|---|--|---|--|---|---|
| Incomplete applications WILL be re AND the required paperwork (appl | | | | BOTH the Proof of P | ayment of fees |
| Privacy Statement | | | | | |
| Information contained in your app application to be processed under contact details will be used by Cou available on our website. However disclose applications including per be kept confidential, please contact | the Sale and Supply of incil staff to assess and j , if requested under the rsonal details. If you feel ct us. | Alcohol Act 20 provided to de Local Governr I there are reas | 12. Please note, your ful cision makers. Your app nent Official Information cons why your contact d | l application, includi fication, with names n and Meetings Act 1 etails and/or person. | ng name and only will be 967, we may al details should |
| The information will be provided to Licensing Inspectors) for the purposes of ma application before the Christchurc Decisions will be made publicly av | uses of assessing and rep king a decision on your h District Licensing Com | porting on you application. T | r application, and to the his information may for | e Christchurch Distric m part of a public he | t Licensing aring of your |
| The Council is required to keep a re the District Licensing Committee a attachments) is made available to monitoring ongoing compliance w | nd the Committee's dec the Council's Licensing | ision on it. Thi Inspectors, the | s information (which in Medical Officer of Heal | cludes the application the and the Police for | n and all the purposes of |
| The Council is required to report st | tatistics about application | ons to the Alco | hol Regulatory and Lice | nsing Authority. | |
| Any member of the public may, un held by the Council. The Privacy Ar information that the Council holds | t 2020 applies to the Co about you. | ouncil and und | er that Act, you have the | oct 1987, request acc e right to see and cor | ess to information rect personal |
| I have read and understood the a | bove privacy statemer | nt /Yes | No | | |
| Dated at Christchurch this | 8 m | day of | January | 20 2 | 5 |
| Applican't Signature: | | 7-10-10-1 | | | |
| (must not be signed by an Agent or Solicitor) | | | | | |
| 13. Lodgement meetir | ng and invoicing | | | | |
| Please make an appointment with issue your invoice for payment. Yo | an alcohol licensing insurapplication will not b | spector for a Lo e accepted wil | odgement meeting. The thout this meeting. Pho | inspector will confir one (03) 941 8999 for | m your fees and an appointment. |
| 14. Processing Timelin | nes: | | | | |
| Manager Certificate applications s a standard application to allow for (DLC) decision on your licence. Tir More information about statutory | r processing, statutory remelines will be longer if | eporting on yo there are agen | ur application, and issuicy oppositions or missi | ing of a District Licer | sing Committee |
| | | | | | |

Christchurch City Council