For office use only:
Connect Ref:

Application for renewal of licence

Section 100, Sale and Supply of Alcohol Act 2012

About this application:

Please complete this form and forward it with all required documents. You can submit the form (and documents) online through the webpage or in person, or post to Christchurch City Council, 53 Hereford Street, PO Box 73013, Christchurch 8154.

This application cannot be accepted if the form is incomplete and documents are missing. Filing is not complete unless your invoice is paid. Invoices are posted to you 2 months in advance of the due date to your last address provided to us.

Accepted methods of payment are: CASH - EFTPOS - Internet Banking.

Note: Application fees are non-refundable and are for the processing of your application and must be paid when you apply for your renewal.

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).

The original of this application should be filed with the District Licensing Committee no later than 20 working days before the expiry of the licence. After that time it may be filed only with the permission of the District Licensing Committee. In no case may the renewal application be filed after the licence has expired. You will be deemed unlicensed and a full new licence application will be required.

Any questions contact the Alcohol Licensing Team to discuss and for more information, ph 03 941 8999 or alcohollicensing@ccc.govt.nz

- Endorsements: (state by type every endorsement sought)
 - Caterer

BYO

Auctioneers

Remote sales

- Renewal with Variation: (changes to licence conditions)
- Renewal of Club-off licence

1.	Renewal	applica	tion for:	(details as on current	· licence)
	renewat	appuic	itioli ioi a	• Idelails as on current	. licence)

- a. Trading name:
- b. Licencee:
- c. Licence number:
- d. Licence Expiry date:

If Renewal with Variation: Risk Weighting verification and fees recalculation for invoice (Office to complete)

(If variation, please make an appointment with an Inspector to discuss and have your fees and risk weighting confirmed before payment as we may have to make adjustments to your renewal invoice **before** you make payment.)

Total Weighting:

Fee Category:

Updated Premises Certificate of Compliance (alcohol) application needed?

Yes No

If YES, Certificate already applied for?

Yes No OR

Already issued and attached?

Inspector confirmed application vetted and complete for lodgement

Yes

No – refer to lodgement notes on back page

Inspectors Signature:

Date of verification:

dd/mm/yyyy

Council Use Only	
Connect Invoice number:	Receipt No.:
	Date:



2.	Details of Applicant					
a.	Company or Club or Society name or full legal na	nme(s) if individual to be on licer	nce:			
b.	Other names/aliases known by:					
c.	Date of Birth:	Sex:	Male Female			
d.	Occupation/Current employment (including for a	all Directors):				
e.	Residential address:					
	Website:					
	Convictions of Company Directors, Partners, or individuals:					
	Have you ever been convicted of any offence (including traffic but not parking)? Note: As per the Criminal Records (Clean Slate) Act 2004, if you have no convictions in the last 7 years, you need not declare any convictions prior to that date other than convictions relating to imprisonment or indefinite disqualified from driving. Yes No If YES, give details below. (You may wish to explain the circumstances on another page)					
	NB: Information on how to check your criminal record h	,				
	Name of offence:	Date of conviction:	Penalty suffered:			
h	Postal address for service of documents:					
	Suburb:	City	D	Post Code:		
		City:		ost code.		
i.	Is this address used for any other business with O If Yes and this address has changed recently please go t Council business.			lress details for all other		
j.	Daytime Contact Name:					
	Phone:	Mobile:				
	Email:					
k.	Preferred mode of contact:					
l.	Status of applicant: (tick appropriate box)					
	Natural Person Licensing Trust Government Department Manager under the protection of Personal a Body Corporate to which section 28(1)(b) of Board, organisation, or other body to which	the Act applies. Authority incor	Trustee Public Company porated under:			
	Incorporated Society	Other:				



3. Details of all Managers appointed for the premises Full list of all current manager(s) employed and Certificate Numbers of Manager's Certificate(s):						
(Please attach sepa	rate sheet if required) Known as:	Address:			number, or if no held confirm if	Expiry Date
					applied for one	
	ember to completer	a separate Notice of uty managers.	Duty Manager	Appointment or C	hange form for all n	ew Duty Manager
4. Further de	tails of whe	e applicant is	a compar	ny		
a. Date of incorpora	tion:					
b. Place of incorpora	ation:					
c. Full details of eac						
Full name:	Address:	Dat	e of birth:	Place of birth:	Designation:	Face value of shares held:
d. Private Companye. Private Company		Capital: of each person who h	olds any share	Paid-up Capi		
Full name:	Address:	·	e of birth:	Place of birth:	Designation:	Face value of
						shares held:
f. Public Company: by the company.	Full details of each	person who holds 20) percent or mo	re of the shares, or o	of any particular cla	ss of shares, issued
Full name:	Address:	Dat	e of birth:	Place of birth:	Designation:	Face value of shares held:



	• Further details Full details of each partr	of where applican	t is a partner	ship		
	Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:
b.	Signature of each partne	er:				
6	. Premises detail	s				
a.	Legal address of Club pr	remises: (Note: for Remote Sa	ales this is the office	base)		
	Is this premises location	n known by any other addres	s? (Note: for Remote	es Sales this could be	e your website addr	ess)
b.	Type of licence:					
c.	Existing licence number	:				
d.	Expiry date:					
e.	Trading name:					
f.	Details of premises are	a. The current licence includ	les (please attach pl	ans annotated with	licenced area):	
	Internal areas include:					
	Outside areas include:					
	Any leased public space	areas? If YES, please attach	copy of the lease.	Yes No		
g.	Does the applicant own If NO: Owners full name:	the proposed licensed prem	ises? Yes	No		
	Owners address:					
	Form and term of tenure	e (state whether to be held a	s leasehold, or unde	r tenancy agreemer	nt, or licence):	
N	B: Additional information and	or signed documents may be red	quested in some instan	ces to confirm tenure.		
h.	What part (if any) of the	premises does the applicant	t intend should be d	esignated as:		
Ni	 Supervised designation i.e. Court appointed. To un-designated: Any plant may be supplied by the supp	on: no person under 18 may ion: persons under 18 may he so with the solution of any age may be proposed their parent, or legal guard for the paraked on the plan for the parent.	pe present, but only ld alcohol, but may esent on the premise dian.	if accompanied by a be supplied by the p	parent or guardian.	
	A restricted area:					
	A supervised area:					
i.	Has the premises area o	r layout changed in any way	since the last renew	al, or are you plann	ing to make any	



If YES, how?

j. FIRE SAFETY – Section 1	i.	FIRE	SAFETY	- Section	127	(2):	:
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I 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:

Signature: Date: dd/mm/yyyy

A registered Evacuation Scheme is required when:

- 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.

Please contact Fire and Emergency NZ (telephone 372 8600) for more information about evacuation schemes and fire safety requirements.

7. Business details (Please attach separate sheet if required.)

- a. What is the general nature of the business? (e.g. hotel, tavern, restaurant, entertainment/nightclub):
- b. Is the sale of alcohol intended to be the principal purpose of the business? Yes No
 - (i) If NO, what is intended to be the principal purpose of the business?
 - (ii) 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 ccc. govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/off-licence/

If section 32(1)(b) (Bottle store) applies:

What percentage of your annual sales is expected to be from sale of alcohol?

NB: to assist you may wish to use the form found at the link above.

c. Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than alcohol and food, or in the provision of any services other than those directly related to the sale or supply of alcohol and food? Yes No

If YES, what is the nature of those other goods or services?

- d. Current licensed hours:
- e. Full On-licence: are you also intending to permit BYO? Yes No
- f. Has any of the a-c questions above changed since the last renewal or are you planning to make changes to these in the future?
- g. If off-licence remote sales, state the address from where the alcohol will be stored and dispatched from.

8. Conditions (Please attach separate sheet if required.)

The following questions relate to Variations - changes to licence conditions. Please attach separate sheet if required.

a. Are there any changes sought to the present conditions of the licence? Yes No (If yes please also refer to note at 11)

If YES, please detail what changes are sought (this includes hours, premises area, nature of the business)

If seeking changes:

- Please DO NOT publish Public Notices until further discussion with the Alcohol Licensing Team on phone (03) 941 8827.
- An updated Premises Certificate of Compliance (Alcohol) authorising the changes sought may be required. Applications
 requesting changes cannot be accepted without this certificate. For more information refer to the Step-by-Step guide
 www.ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/variations-to-alcohollicences-changes-to-your-business/
- **b. For Club Licences only:** Your Club Licence permits you to sell alcohol to authorised customers under s60(1)(a). Do you also want to be able to sell alcohol to guests of authorised visitors from other clubs? Yes No



9.	Host Res	ponsibility	(Please attach separate sheet if required.)
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The following questions relate to Host Responsibility. In conjunction with completing the questions, you should provide with this application a copy of your 'Host Responsibility Policy' by using the guidelines on our website at ccc.govt.nz/alcohol

- a. What provisions does the applicant intend to make for the sale and supply of alcohol?
 - Food (attach menu's, including all day or snack menu):
 - Non-alcoholic refreshments:
 - Low-alcoholic beverages (Between 1.1% and 2.5%ALC):
 - Alcohol range available (attach full drinks menu)
- b. What steps does the applicant propose to take to provide assistance with or information about alternative forms of transport from the premises, for staff and patrons?
- c. What other steps does the applicant propose to take aimed at promoting the responsible consumption of alcohol?
- d. What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of alcohol to prohibited persons (i.e. minors, intoxicated persons, other persons to whom alcohol may not be sold pursuant to the licence) are observed?
- e. To what extent, where, and how is drinking water intended to be freely available to patrons? (i.e. explain whether water is bar service only, water jugs, or plumbed water stations (and locations)
- f. What appropriate systems, staff and training does/will the applicant have in place to ensure compliance with the law?
- g. What are the current and possible future noise levels and how does the applicant intend to mitigate them?
- h. What are the current and possible future levels of nuisance and vandalism and how does the applicant intend to mitigate them?
- i. What other licensed premises are there in the vicinity of this proposed premises? And, will the granting of this licence contribute to an increase in alcohol related problems in the area? (Explain)
- j. What is the land near the proposed premises being used for? Will the granting of a licence for your premises impact on changing neighbouring land use? If so, in what way?



10. Please attach the following documents:

You must 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, including any outside area and mark any restricted or supervised designated areas)

Leased outside areas – Footpath, public or private space lease details and plan if held for any outside areas (annotated to show licensed area)

Photo of principle entrance to the premises

Certificate of Incorporation (including the details of directors and shareholders)

Premises Certificate of Compliance (Alcohol) (may be required when seeking a Variation of the licence)

All Grocery Stores must complete a Statement of Annual Sales Revenue if applicable. Template statement available here ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/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)

Duty Manager appointment forms for all your duty managers or any additional duty managers

Host Responsibility Policy

Food Menu

Drinks/ beverage menus

Any other information you wish to include to support your application, e.g. business plan, promotional materials etc

Bottle Stores: 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-and-licences/business-licences-and-consents/alcohol-licences/off-licence

Clubs

- 1. Provide an updated copy of Club charter and membership rules (including details of any Affiliated memberships)
- 2. A list of names of clubs with which the club has reciprocal visiting rights for members; and
- 3. A Club Alcohol Management Plan and Club Alcohol Policy (desirable)

Notes:

- The Agencies may request to inspect a copy of your staff training plan/manuals.
- 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 cc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/managers-certificate/notification-of-management-change

11. Payment and submitting the application

Please complete this form and forward it with all required documents. You can submit the form (and documents) online through the webpage or in person, or post to Alcohol Licensing, Christchurch City Council, 53 Hereford Street, PO Box 73013, Christchurch 8154.

This application cannot be accepted if the form is incomplete and documents are missing. Filing is not complete unless your invoice is paid. Invoices are posted to you 2 months in advance of the due date to your last address provided to us.

Accepted methods of payment are: CASH - EFTPOS - Internet Banking

Note: All application fees are for processing of an application and are non-refundable, they must be paid when you apply.

Any questions contact the Alcohol Licensing Team to discuss and for more information, ph 03 941 8999 or alcohollicensing@ccc.govt.nz

12. 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.
- 2. 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 filing 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).



13. Authorisation You must complete this section in full

Have you completed ALL relevant sections of this form and attached ALL requested documents?

Yes

No

Incomplete applications WILL be returned. 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).

Privacy Statement

Information contained in your application and any supporting information will be held by Christchurch City Council to enable your application to be processed under the Sale and Supply of Alcohol Act 2012. Please note, your full application, including name and contact details will be used by Council staff to assess and provided to decision makers. Your application, with names only will be available on our website. However, if requested under the Local Government Official Information and Meetings Act 1987, we may disclose applications including personal details. If you feel there are reasons why your contact details and/or personal details should be kept confidential, please contact us.

The information will be provided to the statutory reporting agencies (the Police, the Medical Officer of Health, and the Council's Licensing Inspectors) for the purposes of assessing and reporting on your application, and to the Christchurch District Licensing Committee for the purposes of making a decision on your application. This information may form part of a public hearing of your application before the Christchurch District Licensing Committee and may be used in the Committee's decision for your application. Decisions will be made publicly available.

The Council is required to keep a record of every premises licence application (including for renewals and variations) filed with the District Licensing Committee and the Committee's decision on it. This information (which includes the application and all attachments) is made available to the Council's Licensing Inspectors, the Medical Officer of Health, and the Police for the purposes of monitoring ongoing compliance with any licence conditions and undertakings, Duty Manager appointments, and the Act.

The Council is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority.

Any member of the public may, under the Local Government Official Information and Meetings Act 1987, request access to information held by the Council. The Privacy Act 2020 applies to the Council and under that Act, you have the right to see and correct personal information that the Council holds about you.

I have read and understood the above privacy statement Yes No

Dated at Christchurch this day of 20

Applicant's Signature: (must not be signed

by an Agent or Solicitor)

14. Important to note — Renewal with Variation Lodgement and Invoicing

Please make an appointment with an Alcohol Licensing Inspector to lodge your new renewal with variation before you make payment. The inspector will confirm your risk rating and fees and if required re-issue your invoice for payment of fees.

Renewal with Variations will not be accepted without an Inspector Verification being completed.

Lodgement notes – for office use only					



Notice of duty manager appointment or change

Section 231, Sale and Supply of Alcohol Act 2012 Refer also s229, s230 and Part 4 of SSA Regulations 2013

Office use only			
Receive	ed by Distric	t Licensin	g Committee:
Time:		Date:	

* Mandatory field

					Mandatory field	12
Note: Th	is form can be completed onli	ne at https://ccc.gov	t.nz/notification-of-ma	anagement-char	nge/	
	ding name:* s of premises:*					
Signatu	re of licensee:				Date:*	
License	ee name (please print):*					
Positio	n (Director, Partner, Licensee or the	r representative comple	ting this form):*		Phone:*	
Email:*						
Note: It	are you notifying? P is not neccessary to notify the period not exceeding 48 conse	DLC or Police in respe				
Α	New permanent ma	nager (hold a cur	rent General Managers	Certificate)		
	Effective from:* /	/20				
	First name:*	Middl	e name:*	Fam	nily name:*	
	Known as:*		Date of birth:*		Gender:	
	Certificate no:*			Certificate exp	piry date:*	
В	Temporary manage Effective from:* / First name:*	/20	nnager's Certificate is is ename:*		Note: A temporary manager must apply for a manager's certificate within two working days of their appointment. nily name:*	
	Known as:* Residential address:* Name of who they are repla Reason for appointment:	cing:*	Date of birth:*	Their certi	Gender: ficate no:	
С	Acting manager (use	d to cover absences)				
	Effective from:* /	·	/ /20			
	First name:*		e name:*	Fam	nily name:*	
	Known as:*		Date of birth:*		Gender:	
	Residential address:*					
	Name of who they are repla	cing:*		Their cert	ificate no:	
	Reason for replacement:*	-				
	- : : !0		•			
D	Termination/Cance		ing manager app	pointment		
	Effective from:* /	/20 Middl		F	silv no mor*	
	First name:*	Middl	e name:*	Fam	nily name:*	
	Known as:*		Date of birth:*	0 1:0	Gender:	
	Certificate no:*			Certificate exp	ory date:*	

Forward a copy of this completed form, within two working days of the appointment (or termination) to BOTH Agencies:

- The Secretary, District Licensing, PO Box 73013. CHRISTCHURCH 8154, Att: Gina Moore or Shiraan Hadfield, Email: managerchange@ccc.govt.nz
- The Licensing Sergeant, NZ Police District, PO Box 2109, CHRISTCHURCH, Att: Nicky Jackson, Email: alcoholcanterbury@police.govt.nz



Please use this flowchart to help you work out what section of the form you need to fill out. This guide will help you to fill out the correct fields in your section.

The section at the top always needs to be filled out in full.	Notice of duty manager appointment or change Office use only Received by District Licensing
A. Are you appointing a new permanent Huty manager (who holds a current General	Section 231, Sale and Supply of Alcohol Act 2012 Refer also \$229, \$230 and Part 4 of \$5A Regulations 2013 * Mandatory field Note: This form can be completed online at https://ccc.govt.nz/notification-of-management-change/
Manager (who holds a current General Manager certificate)? This includes existing staff that may have got their duty manager sertificate or new starters to the premises.	Full trading name:* Address of premises:* Signature of licensee: Date:*
es – Fill out Section A.	Licensee name (please print):* Position (Director, Partner, Licensee or their representative completing this form):* Email:*
Please ensure full name and DOB is filled in orrectly. This allows us to properly identify the person in case of two people with the	What are you notifying? Please tick and COMPLETE ONE of the applicable boxes below. Note: It is not neccessary to notify the DLC or Police in respect of the appointment of an acting manager for any period not exceeding 48 consecutive hours.
ame name.	New permanent manager (hold a current General Managers Certificate) Effective from: ///20
D	First name:* Middle name:* Family name:*
b. Do you want to make one of your staff permanent duty manager but they don't urrently have a manager's certificate?	Known as:*
es – Fill out Section B.	Effective from:* / //20 First name:* Middle name:* Family name:*
Please ensure full name and DOB is filled in correctly. This allows us to properly identify	Known as:* Date of birth:* Gender: Residential address:* Name of who they are replacing:* Their certificate
ne person in case of two people with the ame name.	Reason for appointment: C Acting manager (used to cover absences)
* If completing the Temporary Manager	Effective from:* / //20 to // /20 First name:* Middle name:* Family name:*
ection for someone replacing a duty manager	Known as:* Date of birth:* Gender: Residential address:*
ho is leaving, please also complete Section D or the person leaving.	Name of who they are replacing:* Reason for replacement:* Their certificate no:
. Is your duty manager going on annual or	Termination/Cancellation of existing manager appointment Effective from: / / /20
ck leave for more than 48 hours?	First name:* Middle name:* Family name:* Known as:* Date of birth:* Gender:
es – You may need to fill out Section C. Read n to see if it applies to your situation	Certificate no:* Certificate expiry date:* Forward a copy of this completed form, within two working days of the appointment (or termination) to BOTH Agencies:
If a duty manager is sick or on leave for no more than three weeks at any time (with a maximum accumulated period of six weeks within a year) you can appoint an Acting Manager as cover, however you cannot use an Acting Manager for longer periods	The Secretary, District Licensing, PO Box 73013. CHRISTCHURCH 8154, Att: Gina Moore or Shiraan Hadfield, Email: managerchange@ccc.gout.nz The Licensing Sergeant, NZ Police District, PO Box 2109, CHRISTCHURCH, Att: Nicky Jackson, Email: alcoholcanterbury@police.govt.nz Please keep a copy of this form as part of your Premises Record (s232) of Duty Managers required to be kept by all licensees, as you may need to produce it to show it was sent and received. Christchurch City Council
* They do not need a manager's certificate.	
** Please ensure full name and DOB is lled in correctly – this allows us to properly dentify the person in case of two people with the same name.	
O. Has a duty manager stopped working at cour premises?	
es – Fill out Section D.	
Please include the date they stopped working as a duty manager for your premises.	

