

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 application for: (details as on current licence)

- Trading name:
- Licencee:
- Licence number:
- 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 name(s) if individual to be on licence:
- b. Other names/aliases known by:
- c. Date of Birth: Sex: Male Female
- d. Occupation/Current employment (including for all Directors):
- e. Residential address:
- f. Website:

g. 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 history details can be found at justice.govt.nz/criminal-records)

Name of offence:	Date of conviction:	Penalty suffered:
<input type="text"/>	<input type="text"/>	<input type="text"/>

- h. Postal address for service of documents:
- Suburb: City: Post Code:
- i. Is this address used for any other business with Council? e.g. Rates; dog registration. Yes No

If Yes and this address has changed recently please go to the "Contact us" link at ccc.govt.nz/contact-us to update your address details for all other Council business.

- j. Daytime Contact Name:
- Phone: Mobile:
- Email:

- k. Preferred mode of contact:

- l. Status of applicant: (tick appropriate box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Natural Person | <input type="checkbox"/> Private Company | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Licensing Trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> Public Company |
| <input type="checkbox"/> Government Department | <input type="checkbox"/> Local Authority | |
| <input type="checkbox"/> Manager under the protection of Personal and Property Rights Act 1988 | | |
| <input type="checkbox"/> Body Corporate to which section 28(1)(b) of the Act applies. Authority incorporated under: | | |
| <input type="checkbox"/> Board, organisation, or other body to which section 28(1)(c) | | |
| <input type="checkbox"/> Incorporated Society | <input type="checkbox"/> 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 separate sheet if required)

Name:	Known as:	Address:	Certificate number, or if no certificate held confirm if they have applied for one	Expiry Date
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Note: please remember to complete a separate **Notice of Duty Manager Appointment or Change** form for all new Duty Manager appointments or termination of duty managers.

4. 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 follows:

Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:
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d. Private Company only: Authorised Capital:

Paid-up Capital:

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:
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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 held:
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5. Further details of where applicant is a partnership

a. Full details of each partner as follows:

Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:
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b. Signature of each partner:

6. Premises details

a. Legal address of Club premises: (Note: for Remote Sales this is the office base)

Is this premises location known by any other address? (Note: for Remotes Sales this could be your website address)

b. Type of licence:

c. Existing licence number:

d. Expiry date:

e. Trading name:

f. Details of premises area. The current licence includes (please attach plans 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 the proposed licensed premises? Yes No

If NO:

Owners full name:

Owners address:

Form and term of tenure (state whether to be held as leasehold, or under tenancy agreement, or licence):

NB: Additional information and/or signed documents may be requested in some instances to confirm tenure.

h. What part (if any) of the premises does the applicant intend should be designated as:

- **Restricted designation:** no person under 18 may be present on the premises.
- **Supervised designation:** persons under 18 may be present, but only if accompanied by a parent, or legal guardian, i.e. Court appointed. Those under 18 cannot be sold alcohol, but may be supplied by the parent or guardian.
- **Un-designated:** Any person of any age may be present on the premises. Those under 18 cannot be served alcohol, but may be supplied by their parent, or legal guardian.

NB: Any designated areas MUST be marked on the plan for the premises

A restricted area:

A supervised area:

i. Has the premises area or layout changed in any way since the last renewal, or are you planning to make any changes in the future? Yes No

If YES, how?

j. FIRE SAFETY – Section 127(2):

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/](http://www.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/variatiions-to-alcohol-licences-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 Responsibility (Please attach separate sheet if required.)

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/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 ccc.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 15 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. This information will be made available to the public on request as part of the public notification of your application. 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.

15. Processing Timelines:

Manager Certificate applications should be made well before your certificate is required. On average about 5-6 weeks is required for a standard application to allow for processing, statutory reporting on your application, and issuing of a District Licensing Committee (DLC) decision on your licence. Timelines will be longer if there are agency oppositions or missing information on your application. More information about statutory timelines can be found at ccc.govt.nz/alcohol

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

Received by District Licensing Committee:

Time:

Date:

* Mandatory fields

Note: This form can be completed online at <https://ccc.govt.nz/notification-of-management-change/>

Full trading name:*

Address of premises:*

Signature of licensee:

Date:*

Licensee name (please print):*

Position (Director, Partner, Licensee or their representative completing this form):*

Phone:*

Email:*

What are you notifying? Please tick and COMPLETE ONE of the applicable boxes below.

Note: It is not necessary to notify the DLC or Police in respect of the appointment of an acting manager for any period not exceeding 48 consecutive hours.

A New permanent manager (hold a current General Managers Certificate)

Effective from:*/ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Certificate no:*

Certificate expiry date:*

B Temporary manager (until a General Manager's Certificate is issued)

Effective from:*/ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Residential address:*

Name of who they are replacing:*

Their certificate no:

Reason for appointment:

Note: A temporary manager must apply for a manager's certificate within two working days of their appointment.

C Acting manager (used to cover absences)

Effective from:*/ /20 to / /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Residential address:*

Name of who they are replacing:*

Their certificate no:

Reason for replacement:*

D Termination/Cancellation of existing manager appointment

Effective from:*/ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Certificate no:*

Certificate expiry 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 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.

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.

A. Are you appointing a new permanent duty manager (who holds a current General Manager certificate)? This includes existing staff that may have got their duty manager certificate or new starters to the premises.

Yes – Fill out Section A.

*Please ensure full name and DOB is filled in correctly. This allows us to properly identify the person in case of two people with the same name.

B. Do you want to make one of your staff a permanent duty manager but they don't currently have a manager's certificate?

Yes – Fill out Section B.

*Please ensure full name and DOB is filled in correctly. This allows us to properly identify the person in case of two people with the same name.

** If completing the Temporary Manager section for someone replacing a duty manager who is leaving, please also complete Section D for the person leaving.

C. Is your duty manager going on annual or sick leave for more than 48 hours?

Yes – You may need to fill out Section C. Read on to see if it applies to your situation

* 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..

** They do not need a manager's certificate.

*** Please ensure full name and DOB is filled in correctly – this allows us to properly identify the person in case of two people with the same name.

D. Has a duty manager stopped working at your premises?

Yes – Fill out Section D.

*Please include the date they stopped working as a duty manager for your premises.

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
Received by District Licensing
Time: Date:

* Mandatory fields

Note: This form can be completed online at <https://ccc.govt.nz/notification-of-management-change/>

Full trading name:*	<input type="text"/>
Address of premises:*	<input type="text"/>
Signature of licensee:	<input type="text"/> Date: <input type="text"/>
Licensee name (please print):*	<input type="text"/>
Position (Director, Partner, Licensee or their representative completing this form):*	<input type="text"/> Phone: <input type="text"/>
Email:*	<input type="text"/>

What are you notifying? Please tick and COMPLETE ONE of the applicable boxes below.

Note: It is not necessary to notify the DLC or Police in respect of the appointment of an acting manager for any period not exceeding 48 consecutive hours.

A New permanent manager (hold a current General Managers Certificate)

Effective from: / / 20

First name: Middle name: Family name:

Known as: Date of birth: Gender:

Certificate no: Certificate expiry date:

B Temporary manager (until a General Manager's Certificate is issued) Note: A temporary manager must apply for a manager's certificate within two working days of their appointment.

Effective from: / / 20

First name: Middle name: Family name:

Known as: Date of birth: Gender:

Residential address:

Name of who they are replacing: Their certificate

Reason for appointment:

C Acting manager (used to cover absences)

Effective from: / / 20 to / / 20

First name: Middle name: Family name:

Known as: Date of birth: Gender:

Residential address:

Name of who they are replacing: Their certificate no:

Reason for replacement:

D Termination/Cancellation of existing manager appointment

Effective from: / / 20

First name: Middle name: Family name:

Known as: Date of birth: Gender:

Certificate no: Certificate expiry 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

Christchurch City Council