

Application for Temporary Authority

For office use only:

Connect Ref:

ALC / /

Sections 136, 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/alcohol/alcohol-licences

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. You will be provided an invoice (in person or by email) when you submit your application. Filing is not complete unless your invoice is paid.

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. 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 or alcohollicensing@ccc.govt.nz

What a Temporary Authority permits: A temporary authority allows a new owner of a licensed premise to trade on the existing licence (with the existing licence's conditions) until they can obtain a new licence in their own name. You are required to provide with this application:

1. Proof of your tenure/right to occupy; and
2. Proof of ownership of the business.

This application for Temporary Authority to carry on the sale and supply and/or sale and delivery of alcohol is made in accordance with the details set out below. This application and all supporting documentation must be lodged with the Alcohol Licensing Team at least 20 working days before the Temporary Authority is required to commence. **You cannot sell alcohol until the Temporary Authority has been issued.**

You must apply for your full new alcohol licence within 6 weeks of this Temporary Authority being issued.

1. Details of applicant

- a. Applicant's legal full name (i.e. individual or organisation):

For each individual applicant, partner, or company director or shareholder, please provide a date of birth, occupation/current employment, and residential address:

Full legal name:	Residential address:	Date of birth:	Occupation/current employment
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Note: If the applicant is a company, please also attach a current Certificate of Incorporation.

- b. Postal address for service of documents:

Suburb:

City:

Postcode:

Council Use Only

Connect invoice number:

Receipt no:

Date:

- c. Is this address used for any other business with Council? e.g. Rates; dog registration. Yes No

If Yes and your residential 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.

- d. Daytime Contact Name:

Phone:

Mobile:

Email:

2. Details of existing licence

- a. Type of licence: On-licence Off-licence

- b. Number of existing licences:

- c. Expiry date(s):

- d. If conveyance:** Type of conveyance:

Address of home base (if any):

- e. Trading name of existing premises:

3. Details of premises

- a. Legal address:

- b. Street address:

- c. Proposed trading name:

4. Details of application

Complete "a" or "b" below as appropriate as applies to your circumstances.

- a. The Premises:** What right, title, estate, or interest does the applicant have in the premises site to which the application relates?

Please provide a copy of:

- A signed copy of the lease agreement; or
- Signed copy of a sale and purchase agreement that confirms the deed of assignment of the lease; or
- Evidence that the applicant has purchased the property.

Note: Additional information may be requested.

- b. The Business:** What right, title, estate, or interest does the applicant have in the premises site to which the application relates?

Please provide a copy of:

- A signed copy of the purchase of business agreement; or
- A signed copy of any business contract agreement.

Note: Additional information may be requested.

- c. Date the Temporary Authority should commence:

8. Documentation required

Company documents (if applicant is a company).

Signed copy of the lease agreement; or

Signed copy of a sale and purchase agreement that confirms the deed of assignment of the lease

Evidence that the applicant has purchased the property.

A signed copy of the purchase of business agreement; or

A signed copy of any business contract agreement.

CV or list of relevant hospitality, alcohol industry, and/or business experience for any person(s) who will be hands on involved in managing the premises operations

The application fee for each Temporary Authority.

Copy of existing alcohol licence held for the premises.

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

Note: Additional information may be requested:

Additional information

- Duty Manager appointment forms reconfirming all your duty managers working under the new licensee
- You can also provide other documents to assist with assessment of your application e.g. business plan, promotional materials etc

Notes:

- The District Licensing Committee may require notice of this application to be given to any person or persons it may specify.
- A Temporary Authority can only be issue for up to three months and during this time you need to obtain your own licence.
 - » As soon as you receive your Temporary Authority you should start gathering the supporting information you will need for your new licence application.
 - » Have your new licence application lodged within six weeks of the granting of your Temporary Authority. This means the licence(s) can be processed and granted before your Temporary Authority expires.
 - » If there is a good reason you are unable to lodge a new licence application before your Temporary Authority expires you need to let us know as soon as possible so we can work with you. Temporary Authorities are not renewable and so you need to apply for a new one if yours is due to expire before your new licence has been issued.

Food Premises Registration:

A change in ownership of the business will also mean you need to apply for a new Notice of Registration for the preparation and sale of food. Applications for this registration can be found under the Food Licensing information on the Council website at ccc.govt.nz/consents-and-licences/business-licences-and-consents/food/notice-of-registration-food

Questions about your Food Premises Registration application should be emailed directly to the Food Safety Team healthlicensing@ccc.govt.nz or phone the Council on (03) 941 8999 and ask for the Food Safety Team.

General information of Food Safety and Food Control Plans can be found at mpi.govt.nz/food-safety/food-act-2014/overview

9. 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. You will be provided an invoice (in person or by email) when you submit your application.

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.

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

10. 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. The information will be provided to the statutory reporting agencies (the Police 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 temporary authorities) 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)*

11. Processing Timelines:

Temporary Authority applications should be made well before it is required. These can take up to 4 weeks 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

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

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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