# **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-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.	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:			birth, occupation/current	
	Full legal name:	Residential address:	Date of birth:	Occupation/current employment	
.,					
No	te: If the applicant is a company, please also a	ttach a current Certificate of Incor	poration.		
b.	Postal address for service of document	5:			
	Suburb:	City:		Postcode:	
C	Council Use Only				
	Connect invoice number:	Receipt no:	Date:		



c.	Is this address used for any other business with Council? e.g. Rates; d	og registration.	Yes	No
	If Yes and your residential address has changed recently please go to the "Conta all other Council business."	act us" link at <u>ccc.govt.nz</u>	z/contact-u	s to update your address details for
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:



d. Does the applica	ant intend to carry on	the sale and supply, or sale and delivery o	f alcohol personally? Yes	No
	If No, what is the name, address and occupation of the person who will manage the sale and supply (or sale and delivery) of alcohol? (Must give full legal name as displayed on passport or Birth Certificate )			d delivery) of
Full legal name:	First:	Middle:	Family:	
Address:				
Occupation:				
Holder of Manag	gers Certificate:	Yes No Certificate number:		
e. What are the rea	isons for this applicat	ion? i.e. Why do you require a Temporary A	authority at this time?	
5. Details of	all duty mana	gers appointed to the prem	ises	
	·	loyed and certificate numbers of their Man		
Please list:	anagere (e) to be emp			
	1's that you will be ret	aining, and		
<ul> <li>any new DM's</li> </ul>	that you will appoint	when you take over the business.		
	a separate sheet if rec	quired. e a separate <b>Notice of Duty Manager App</b> o	ointment or Change form for	all now
	s or termination of d		ontinent of Change form for a	att new
Note: We may consider	the appointment of any	duty managers currently appointed to the premi	ises but not listed by you to be termi	nated.
Name:	Known as:	Address:	Certificate number, or if no certificate held confirm if they have applied for one	Expiry Date
	•			
6. Existing L				
A Temporary Author	rity if granted permits	you to operate the business on the same of	conditions as the existing base	icence.
a. Have you got a c	copy of the existing lic	ence? Yes No		
b. Have you read a	nd do you understand	d the conditions of the existing licence?	Yes No	
7. Authorisa	tion			
Have you complete	ed ALL relevant secti	ons of this form and attached ALL reque	sted documents? Yes	No
Incomplete applicat	tions WILL be returned	d. We can only process your application on and required documents).		Payment of fees AND
Dated at Christchur	ch this	day of	20	



Applican't Signature: (must not be signed by an Agent or Solicitor)

#### 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

#### **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 <a href="healthlicensing@ccc.govt.nz">healthlicensing@ccc.govt.nz</a> 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 <a href="mailto:mpi.govt.nz/food-safety/food-act-2014/overview">mpi.govt.nz/food-safety/food-act-2014/overview</a>

# 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

Note: Additional information may be requested:



#### **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.

Dated at Christchurch this day of 20

Applican't 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 <a href="mailto:ccc.govt.nz/alcohol">ccc.govt.nz/alcohol</a>



# 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 fields

Note: Th	nis form can be completed online a	: https://ccc.govt.nz/notification-of-ma	anagement-change/
Addres Signatu License	ding name:* s of premises:* ure of licensee: ee name (please print):* n (Director, Partner, Licensee or their repr	esentative completing this form):*	Date:* Phone:*
Note: I		e tick and COMPLETE ONE of the or Police in respect of the appointment of the appointment of the hours.	
A	New permanent mana Effective from:* / /20 First name:* Known as:* Certificate no:*	<b>ger</b> (hold a current General Managers )  Middle name:*  Date of birth:*	Family name:*  Gender:  Certificate expiry date:*
В	Temporary manager (un Effective from:* / /20 First name:* Known as:* Residential address:* Name of who they are replacing: Reason for appointment:	Middle name:*  Date of birth:*	Note: A temporary manager must apply for a manager's certificate within two working days of their appointment.  Family name:*  Gender:  Their certificate no:
С	Acting manager (used to defective from:* / /20 First name:* Known as:* Residential address:* Name of who they are replacing: Reason for replacement:*	to / /20 Middle name:*  Date of birth:*	Family name:*  Gender:  Their certificate no:
D	Termination/Cancellat  Effective from:* / /20  First name:*  Known as:*  Certificate no:*	ion of existing manager ap  Middle name:*  Date of birth:*	Pointment  Family name:*  Gender:  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 Email: managerchange@ccc.govt.nz
- **The Licensing Sergeant**, NZ Police District, PO Box 2109, CHRISTCHURCH 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 top always needs to be II.	Notice of duty manager appointment or change Section 231, Sale and Supply of Alcohol Act 2012  Office use only Received by District Licensing Time Date:
	Refer also s229, s230 and Part 4 of SSA Regulations 2013
ointing a new permanent	* Manda Note: This form can be completed online at https://ccc.govt.nz/notification-of-management-change/
lds a current General	
is includes existing	Full trading name:*
heir duty manager	Address of premises:*
rs to the premises.	Signature of licensee: Date:*
,	Licensee name (please print).*  Position (Director, Partner, Licensee or their representative completine this form).*  Phone.*
	Position (Director, Partner, Licensee or their representative completing this form)."  Phone:   Email:
full name and DOB is filled in	Lillott
ws us to properly identify	What are you notifying? Please tick and COMPLETE ONE of the applicable boxes below.
e of two people with the	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.
people with the	A New permanent manager (hold a current General Managers Certificate)
	New permanent manager (hold a current General Managers Certificate)  Effective from: / //20
	First name:*   Middle name:*   Family name:*
ake one of your staff	Known as:* Date of birth:* Gender:
nanager but they don't	Certificate no:* Certificate expiry date:*
anager's certificate?	B Temporary manager (until a General Manager's Certificate is issued)  Note: A temporary manager mu
	Effective from:*   /   /20
B	First name:* Middle name:* Family name:*
name and DOB is filled in	Known as:* Date of birth:* Gender:
	Residential address:*
us to properly identify	Name of who they are replacing:*  Their certificate no:
people with the	Reason for appointment:
	Acting manager (used to cover absences)
orary Manager	Effective from:* / /20 to / /20
cing a duty manager	First name: Middle name: Family name:
nplete Section D	Known as:* Date of birth:* Gender:  Residential address:*
ete Section D	Name of who they are replacing:*  Their certificate no:
	Reason for replacement.*
	D Termination/Cancellation of existing manager appointment
nanager going on annual or	Effective from: ////20
e than 48 hours?	First name: Middle name: Family
to fill out Soction C. Dood	Known as:* Date of birth:* Gender:
ed to fill out Section C. Read	Certificate no:* Certificate expiry date:*
to your situation	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
ager is sick or on leave for no	Email: managerchange@ccc.govt.nz
ee weeks at any time (with a	<ul> <li>The Licensing Sergeant, NZ Police District, PO Box 2109, CHRISTCHURCH Email: alcoholcanterbury@police.govt.nz</li> </ul>
llated period of six weeks	Please keep a copy of this form as part of your Premises Record (\$232) of Duty Managers required to be kept by all licensees, as you may need to produce it to show it was sent and received.  City County
an appoint an Acting	City Count
vever you cannot use an	
longer periods	
nanager's certificate.	
name and DOB is	
nis allows us to properly	
ase of two people with	
ager stopped working at	
<b>+</b>	
e date they stopped	
or vour premises	
iger for your premises.	

