# Application for Variation or Cancellation of Conditions

Connect Ref:	For office use only:		
ALC / /			

Section 120, Sale and Supply of Alcohol Act 2012

#### **About this application:**

Please complete this form and then arrange a Lodgement Meeting appointment with an Alcohol Licensing Inspector in order to lodge your completed application and pay the associated fee. The Alcohol Licensing Team are located at Civic Offices, 53 Hereford Street, Christchurch 8154 and can be contacted by phone (03) 941 8999 or email <a href="mailto:alcohollicensing@ccc.govt.nz">alcohollicensing@ccc.govt.nz</a>

This application cannot be accepted if the form is incomplete and documents are missing. You will be given an invoice at the Lodgement meeting. 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

Endorsements: (state by type every endorsement sought)

Caterer

BYO Only

Auctioneers

Remote Sales

#### 1. Application for Variation of Licence conditions for: (details as on current licence)

- a. Trading name:
- b. Licensee:
- c. Licence expiry date:

#### 2. Lodgement meeting, Fees Calculation Invoice and Payment

(Refer Fees information sheet) To be completed at lodgement meeting with inspector before invoicing.

At Lodgement meeting an inspector will – check the application for completeness, confirm the risk weighting and fees payable, and issue the invoice for payment.

#### Weighting and fees calculation

a. Type of licensed premises:			Weighting:			
b. Latest alcohol sale time:			Weighting:			
c. Enforcements:			Weighting:			
Total weighting:	Fee Category:	Very low	Low	Medium	High	Very high
Fees payable: Application fee: \$						
Updated Premises Certificate of Complia (alcohol) needed for the changes?	nce Yes No	·	-		Yes Yes No	No
Inspector confirmed application vetted a	and complete for lo	dgement Y	'es N	o – refer to lo	dgement not	es on back page
Inspectors Signature:			Date:		dd/mm,	/уууу
	Latest alcohol sale time: Enforcements: Total weighting: Fees payable: Application fee: \$ Updated Premises Certificate of Complia (alcohol) needed for the changes? Inspector confirmed application vetted a	Latest alcohol sale time:  Enforcements:  Total weighting: Fee Category:  Fees payable: Application fee: \$  Updated Premises Certificate of Compliance (alcohol) needed for the changes? Yes No  Inspector confirmed application vetted and complete for locations.	Latest alcohol sale time:  Enforcements:  Total weighting: Fee Category: Very low  Fees payable: Application fee: \$  Updated Premises Certificate of Compliance (alcohol) needed for the changes? Yes No If YES, Certification OR, already issues Inspector confirmed application vetted and complete for lodgement Yes	Latest alcohol sale time:  Enforcements:  Weighting:  Total weighting:  Fee Category:  Very low  Low  Fees payable: Application fee: \$  Updated Premises Certificate of Compliance (alcohol) needed for the changes?  Yes  No  If YES, Certificate already OR, already issued and attempt of the change	Latest alcohol sale time:  Enforcements:  Weighting:  Total weighting:  Fee Category:  Very low  Low  Medium  Fees payable: Application fee: \$  Updated Premises Certificate of Compliance (alcohol) needed for the changes?  Yes  No  If YES, Certificate already applied for? OR, already issued and attached?  Inspector confirmed application vetted and complete for lodgement  Yes  No – refer to log	Latest alcohol sale time:  Enforcements:  Weighting:  Total weighting:  Fee Category:  Very low  Low  Medium  High  Fees payable: Application fee: \$  Updated Premises Certificate of Compliance (alcohol) needed for the changes?  Yes  No  If YES, Certificate already applied for?  OR, already issued and attached?  Yes  No – refer to lodgement note

(To be completed by the inspector at the lodgement meeting)

Council Use Only Fee: \$296.70 Connect invoice number: Receipt no:



3.	Details of applicant Please give leg	gal name as appears on Birth Certifica	nte or Passport		
a.	Company name or full legal name(s) if individu	al to be on licence:			
b.	Other names/aliases known by:				
c.	Date of birth:	S	ex: Mal	e Fen	nale
d.	Occupation/Current employment (including for	r all Directors):			
e.	Residential address:				
f.	Website:				
g.	Convictions of Company Directors, Partners,	or individuals:			
	Have you ever been convicted of any offence (in 2004, if you have no convictions in the last 7 ye relating to imprisonment or indefinite disqualif	ars, you need not declare any con			
	If YES, give details below. (You may wish to exp	lain the circumstances on anothe	r page)		
	Name of offence:	Date of conviction:	Penalty suffer	ed:	
h.	Postal address for service of documents:				
	Suburb:	City:		P	ostcode:
	Is this address used for any other business with	Council? e.g. Rates; dog registrat	tion. Yes	No	
	If Yes and this address has changed recently please go other Council business.	to the "Contact us" link at <u>www.ccc.g</u> .	ovt.nz/contact-us t	o update you	ır addess details for all
i.	Daytime Contact Name:				
	Phone:	Mobile:			
	Email:				
j.	Preferred mode of contact:				
k.	Status of applicant: (tick appropriate box)				
	Natural Person	Private Company		Trustee	
	Licensing Trust Government Department	Partnership Local Authority		Public Con Incorporat	
	Manager under the protection of Personal			псогрогас	ed Society
	Body Corporate to which section 28(1)(b)		porated under:		
	Board, organisation, or other body to which	ch section 28(1)(c)			
	Other				



4. Details of all managers appointed for the premises					
a. Full list of all details of all manager(s) currently employed and Certificate Numbers of Manager's Certificate(s): (Please attach separate sheet if required)					
Name:	Known as:	Address:	certificate l	number, or if no neld confirm if applied for one	Expiry Date
Note: please remember managers.	to complete a separate	Notice of Duty Manager Appointm	nent or Change form for al	ll new appointments o	or termination of duty
5. Further de	etails of where	applicant is a comp	oany		
a. Date of incorpora	ation:				
b. Place of incorpor	ration:				
c. Full details of each	ch director, and the s	ecretary (if any), as follows:			
Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:
d. Private Company	only: Authorised Ca	pital:	Paid-up Capi	tal:	
e. Private Company	: Full details of	each person who holds any sh	ares issued by the comp	oany:	
Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:
f. Public Company: by the company.		erson who holds 20 percent or	more of the shares, or o	of any particular cla	ss of shares, issued
Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:



6	. Further details	of where applican	t is a partner	ship		
a.	Full details of each partr	ner as follows:				
	Full name:	Address:	Date of birth:	Place of birth:	Designation:	Face value of shares held:
b	. Signature of each partno	er:				
7	. Premises and li	cence details				
a.	. Legal address of Club pr	remises: (Note: for Remote S	ales this is the office	base)		
	Is this premises location	n known by any other addres	ss? (Note: for Remote	es Sales this could be	e your website addr	ress)
b	. <b>If premises is a conveya</b> Type of conveyance (shi	ance: p, bus, plane, railway carriag	ge):			
	Registration number:					
	Home base address:					
c.	Trading name for premis	ses/conveyance (if any):				
d	. Licence Number:		Ex	piry Date:		
e.	Does the applicant own If NO: Owners full name:	the licensed premises?	Yes No			
	Owners address:					
	Form and term of tenure	e (state whether to be held a	s leasehold, or unde	r tenancy agreemen	t, or licence):	
N	B: Additional information and,	or signed documents may be re	quested in some instan	ces to confirm tenure.		
f.	Details of premises are	a – the current licensed incl	udes: (Please attach	plans annotated wit	th proposed licence	ed area)
	Internal areas include:					
	Outside areas include:					
	Do you have a separate	lease over these outside are	as? If YES, attach a si	igned copy with plar	n included. Ye	es No
	Any leased public space	areas? If YES, please attach	copy of the lease wit	th plan included.	Yes No	
g.	What part (if any) of the	premises does the applicant	t intend should be d	esignated as:		
	Supervised designat appointed. Those und	on: no person under 18 may ion: persons under 18 may l der 18 cannot be sold alcoho person of any age may be pr ent, or legal guardian.	be present, but only l, but may be supplie	if accompanied by a ed by the parent or g	guardian.	
N	B: Any designated areas	MUST be marked on the pla	an for the premises			



A restricted area:

A supervised area:

8.	Business details (Please attach separate sheet if required.)
a.	What is the general nature of the business to be conducted by the applicant in the premises if the licence is granted? (e.g. hotel, tavern, restaurant, entertainment/nightclub):
b.	Is the sale of alcohol intended to be the principal purpose of the business?  Yes  No
	If NO, what is intended to be the principal purpose of the business?
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.	On which days and during which hours does the applicant intend to sell alcohol under this licence?
e.	Full On-Licence: Are you also intending to permit BYO? Yes No
f.	BYO Restaurants only: Does the applicant wish to have the license endorsed under Section 37 of the Act? Yes No
g.	If off-licence remote sales, state the address from where the alcohol will be stored and dispatched from.
9.	Conditions (Please attach separate sheet if required.)
Th	e following questions relate to the conditions you are applying to vary or cancel.
a.	Terms of condition at present:
b.	Action sought: Variation Cancellation
	If variation, in what respect does the applicant seek to vary the condition? (This includes hours, premises area, nature of the business, or change in designation)
c.	Full reasons for variation or cancellation:
d.	What is your proposed implementation date for these changes:
	Note:
	<ul> <li>Please DO NOT publish Public Notices until further discussion with the Alcohol Licensing Team on phone (03) 941 8827.</li> <li>An Updated Premises Certificate of Compliance (Alcohol) for some changes sought may also be required. Applications requesting changes cannot be accepted without this certificate. For more information refer to the step-by-step guide ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/variations-to-alcohol-licences-changes-to-your-business</li> </ul>



#### **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 <a href="mailto:cc.govt.nz/alcohol">cc.govt.nz/alcohol</a>

- 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 or the Society's full registration details)

Premises Certificate of Compliance (Alcohol) - An Updated Certificate may be required when seeking a Variation of the 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 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 <a href="mailto:ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-licences/off-licence">ccc.govt.nz/consents-and-licences/off-licence</a>

#### 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.
- Tenure (Q7e) 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 <a href="mailto:cc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/managers-certificate/notification-of-management-change">cc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/managers-certificate/notification-of-management-change</a>

#### 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, 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.

## 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).



### **12. 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

Applican't Signature:

(must not be signed by an Agent or Solicitor)

# 13. Variation Lodgement and Invoicing

Please make an appointment with an Alcohol Licensing Inspector to Lodge your new renewal with variation. 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.

# 14. Processing Timelines:

Premises applications should be made well before your licence is required. On average about 5-6 weeks is required for a standard application to allow for public notification, 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 public objections or agency oppositions or missing information on your application. More information about statutory timelines can be found at <a href="ccc.govt.nz/alcohol">ccc.govt.nz/alcohol</a>

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 field

						l y Helus
Note: Th	nis form can be completed onlin	e at https://ccc.gov	t.nz/notification-of-n	nanagement-cha	nge/	
Full tra	ding name:*					
Address	s of premises:*					
Signatu	ure of licensee:				Date:*	
	ee name (please print):*					
	n (Director, Partner, Licensee or their	representative complet	ing this form)·*		Phone:*	
Email:*		representative complete	ing this form,		Thome.	
Liliait.						
What	t are you notifying? Pla	ease tick and <b>COI</b>	MPLETE ONE of the	e applicable bo	oxes below.	
	t is not neccessary to notify the D period not exceeding 48 consec		ct of the appointment	t of an acting mar	nager	
TOT UTTY	period flot exceeding 48 consect	utive nours.				
A	New permanent man	<b>nager</b> (hold a curr	ent General Manager	rs Certificate)		
	Effective from:* /	/20				
	First name:*	Middle	e name:*	Fan	nily name:*	
	Known as:*		Date of birth:*		Gender:	
	Certificate no:*			Certificate ex	xpiry date:*	
В	Temporary manager	<b>f</b> (until a General Ma	nager's Certificate is	issued)	Note: A temporary manager must	apply
	Effective from:* /	/20		,	for a manager's certificate within working days of their appointment	two
	First name:*	,	e name:*	Far	nily name:*	
	Known as:*		Date of birth:*		Gender:	
	Residential address:*					
	Name of who they are replac	ing:*		Their cert	ificate no:	
	Reason for appointment:					
	Acting manager/					
С	Acting manager (used		/20			
	Effective from:* /	/20 to	/ /20 e name:*	Fan	nily names*	
	First name:*  Known as:*	Middle	Date of birth:*	Fall	nily name:* Gender:	
	Residential address:*		Date of birtil.		Gender.	
	Name of who they are replac	ing:*		Their cer	tificate no:	
	Reason for replacement:*	6.				
D	Termination/Cancell	lation of existi	ng manager ap	ppointment		
	Effective from:* /	/20				
	First name:*	Middle	e name:*	Far	nily name:*	
	Known as:*		Date of birth:*		Gender:	
	Certificate no:*			Certificate ex	piry 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 Section 231, Sale and Supply of Alcohol Act 2012  Office use only Received by District Licensing
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	Refer also \$229, \$230 and Part 4 of SSA Regulations 2013  * 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:*
certificate or new starters to the premises.  Yes – Fill out Section A.	Licensee name (please print):*  Position (Director, Partner, Licensee or their representative completing this form):*  Phone:*
*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.	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.  A New permanent manager (hold a current General Managers Certificate)
Same name.	Effective from:* /20
B. Do you want to make one of your staff a permanent duty manager but they don't	First name:   Middle name:   Family name:    Known as:   Date of birth:   Gender:    Certificate no:   Certificate expiry date:
currently have a manager's certificate?  Yes – Fill out Section B.	B Temporary manager (until a General Manager's Certificate is issued)  Effective from:* // /20  First name:*   Middle name:*   Family name:*    Temporary manager (until a General Manager's Certificate is issued)  Note: A temporary manager must opply for amonger secreticate within two working days of their appointment.
*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.	Known as:*  Residential address:*  Name of who they are replacing:*  Reason for appointment:  C Acting manager (used to cover absences)
** If completing the Temporary Manager section for someone replacing a duty manager who is leaving, please also complete Section D for the person leaving.	Effective from:*
C. Is your duty manager going on annual or sick leave for more than 48 hours?	Termination/Cancellation of existing manager appointment  Effective from:    /   /20     First name:    Middle name:   Family name:
Yes – You may need to fill out Section C. Read on to see if it applies to your situation	Known as:*  Certificate no:*  Certificate acpying 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.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.  Christchurch  City Council
** 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.	

