
How to apply for a temporary authority

Follow the instructions below to apply for a temporary authority to carry on the sale and supply (or delivery) of alcohol under the previous premises licence holder's licence and conditions. Your application will not be accepted unless the application is completed correctly, and all documentation is supplied.

What you need to do

- Supply a **completed** application form
- Supply all required supporting documents (see 'what to include')
- Pay the application fee – Please note payment is to be made upon application

What to include

Completed application form

Application fee

Proof of right, title estate or interest in premises (lease agreement/sale and purchase agreement etc.)

Detailed A4 scale map of the interior of the premises showing:

- The areas used for the consumption of alcohol (include outdoor areas)
- The areas that are to be designated (restricted, supervised or undesignated)
- The principal entrance
- Layout of the interior of the premises
- **For supermarket and grocery stores:** the single alcohol area (where alcohol will be displayed must be clearly shown)
- Proposed permitted area for the display and promotion of alcohol, and any proposed sub-area

Copies of each current manager's certificate for those nominated to manage the premises

Letter outlining:

- Reasons for the application
- Experience of the applicant
- Proposed trading commencement date

Copy of the base licence – the licence currently in force at the premises

You must pay the application fee of \$296.70 upon application. Your application will not be processed until this fee is paid in full.

All applicants for temporary authorities are required to apply for a new on, or off licence within the first three (3) month period after the temporary authority order has been issued.

Important note

Applications may take up to 4 weeks to process. To ensure the application is processed quickly, please include all requested documents **and application fee** upon application, otherwise there may be delays with your application.

Post this form to:

Alcohol and Licensing Department
 Kaipara District Council
 Unit 5 The Hub
 6 Molesworth Drive
Mangawhai 0505

Alternatively, you can pay online and email your application to kdclicensing@kaipara.govt.nz

Payment Options

You can pay by cash, eftpos or credit card in person at Kaipara District Council offices at:

32 Hokianga Road	OR	Unit 5
Dargaville		The Hub
		6 Molesworth Drive
		Mangawhai Village

Direct Credit: Bank of New Zealand 02-0308-0090743-07
 Reference the applicants name, TA/Applicants name 1401017;GL

OFFICE USE ONLY

Payment						
Application fee (incl GST)	Receipt no.	Receipt amount	Payment received			Cashier name
		\$		Yes	No	
Administration						
Date application received	Date application vetted	Date application completed			Administrator	

To the Secretary of Kaipara District Licensing Committee, this application for a temporary authority is made in accordance with the details as set out below.

Applicant details

1 Full legal name of applicant:

Contact name:

Contact phone:

Contact email:

Postal address for service documents:

2 Has the applicant (or any company directors) been convicted of any offence? Yes ☐ No ☐
If yes, what was the nature of the offence, date of conviction and penalty suffered? (other than conviction for offences against provision so the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2014 applies).

Nature of offence	Date of conviction	Penalty suffered
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3 What experience and training does the applicant have with operating a licensed premises?

4 Are you applying as an individual? Yes – skip question 7 No – go to question 7

5 What is your occupation:

6 Date of birth: (dd/mm/yyyy)

Place of birth:

7 Full details of each director/shareholder or partner. If this is a public company, please supply details of each person who holds 20% or more of the shares, or any class of shares issued by the company

Shareholder/Director/Partner	Shareholder/Director/Partner	Shareholder/Director/Partner
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Name

Address

Date of birth

Place of birth

Designation

Number of shares

8 What relevant training has the applicant completed in relation to the service and monitoring of alcohol?

Date	Training	Provider
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Premises details

9 Address of proposed licensed premises:

Postcode:

10 Proposed trading name of the premises:

11 Previous trading name of the premises:

12 What date does the applicant intend to take over ownership of the business?

13 Does the applicant intend to make any cosmetic or structural changes to the premises? Yes *(details below)* No

14 What right, title, estate or interest does the applicant have in the premises to which the application relates:

Business details

15 Manager details – list of all certified managers for the premises:

Name	Date of birth	Certificate number	Certificate expiry
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Licensing details

16 What type of licence is held by the previous owner? On Off

Licence number:

Expiry date:

Important Notice

The New Zealand Police report on all applications and provide information on any convictions or concerns involving the applicant to the District Licensing Committee.

Applicant's full name:

Applicant's signature:

Date: