

APPLICATION FOR ON LICENCE

Incomplete applications will not be processed

The application must be accompanied by the correct fee (see below).

When a licence has been granted, it will not be issued until the annual fee has been paid.

The District Licensing Committee (DLC) will notify the public of this application via the Dunedin City Council website and the Otago Daily Times (the advertising cost is included in the application fee).

The contact person will be emailed a copy of the public notice to be displayed on the premises.

Please use separate pages to provide extra information where necessary.

If you have any questions while completing this form, please contact Dunedin DLC staff on 03 474 3481 or email dla@dcc.govt.nz.

Please read and complete the following checklist before submitting the application

	Written statement from the owner of the building or property giving you approval to sell and supply alcohol and allow its consumption on the premises. An email is acceptable, this can be sent to <code>dla@dcc.govt.nz</code> with the name of the premises and applicant included as a reference.
	If a body corporate: certificate of incorporation (or equivalent document)
	Planning and building certificates (not required for a conveyance)
	A copy of the proposed food and drinks menus
	A scale plan of the premises showing the principal entrance and the areas where alcohol is to be sold, supplied and consumed, with an indication of which areas are to be:
	undesignated - anyone of any age allowed
	 supervised - minors must be with their parent/guardian restricted - R18.
	Map showing location of 'sensitive' locations, e.g., schools, early childhood facilities, hospitals and churches
	A risk mitigation plan detailing how you will ensure the impact on the community will be minimized, e.g. control of noise and litter, parking and dispersal of patrons
	Copy of host responsibility policy – for high risk premises please also include an alcohol management plan explaining how you will implement the points of the policy
	Letter of authorisation if a consultant is completing this form on your behalf
Offi	ce use only
Date	e received:



Calculate your application fee

Select your premises type:

- Class 1 restaurants restaurants with a significant separate bar area which, in the opinion of the DLC, operate that bar at least one night a week in the nature of a tavern (such as serving alcohol without meals to tables situated in the bar area)
- Class 2 restaurants restaurants that have a separate bar (including small bar areas) but which, in the opinion of the DLC, do not operate that area in the nature of a tavern at any time
- Class 3 restaurants restaurants that only serve alcohol to tables and do not have a separate bar area

Type of premises	Points
Class 1 restaurant, nightclubs, taverns, adult premises	15
Class 2 restaurant, hotels, function centres, universities, polytechnics	10
Class 3 restaurant, other premises not specified	5
Theatres, cinemas, BYO restaurants, cellar doors	
Premises points	

Select the latest time you intend to sell alcohol:

Latest alcohol sales time	Points
2am or earlier	0
Between 2.01am and 3am	3
3am onwards	5
Trading hours points	

Add the premises points and trading hours points together to get the total:

Use the table below to work out the fee payable:

Total points	Risk rating	Application fee (GST inc)	Annual fee (GST inc)	Total fee required
0-2	Very low	\$368.00	\$161.00	\$529.00
3-5	Low	\$609.50	\$391.00	\$1000.50
6-15	Medium	\$816.50	\$632.50	\$1449.00
16-25	High	\$1,023.50	\$1,035.00	\$2058.50
26 plus	Very high	\$1,207.50	\$1,437.50	\$2645.00

APPLICATION FOR ON LICENCE

Section 224 of the Sale and Supply of Alcohol Act 2012

To the Secretary, Dunedin District Licensing Committee

Please state any other businesses:

Application for an on-licence is made in accordance with the particulars set out below:

Endorsements (tick if applicable)							
BYO restaurant – tick if you are a restaurant that does not intend to sell alcohol, i.e. you want to offer BYO only Caterer's on licence – for off-site catering, instead of, or in addition to, food/alcohol supplied on the premises (please provide menus, website information, bookings etc)							
Contact person							
Name:							
Phone:							
Email:							
Postal address:							
	Po	ostcode:					
Applicant details							
Applicant status (please select from the	below options)						
Individual	Partnership	Body corporate					
Public company	Private company	Club					
Trustee	Local authority	Licensing trust					
Government department or other instrument of the Crown	Manager under the Protection of Personal Property Rights Act 1988	Board, organisation or other body					
Legal name/s of the person/s or organis Include any other names you may be kno	ation that will receive any proceeds from alcol wn by.	hol sales.					
Full legal name:							
Any other names you may be known by:							
Address:							
Postcode:							
Occupation:							
Phone:							
Email:							
Date of birth: Place of birth: Gender:							
Is this your principal business? Yes No							

Further details where the applicant is a company or an incorporated society For a company (whether incorporated under the Companies Act 1993 or equivalent foreign legislation), give full legal names of					
directors.					
Where the applicant is a private company , give full details of each person who holds any shares issued by the company as follows: full name, address, date of birth, place of birth, designation in company and percentage of shares held.					
Please also provide:					
Authorised capital: Paid up capital:					
Where the applicant is a public company , give full details of each person who holds 20% or more of the shares, or any particular class of shares, issued by the company, as follows: full name, address, date of birth, place of birth, designation in company.					
Further details where the applicant is a partnership Full details of each partner as follows: full legal name, address, date of birth, place of birth.					
Full details of each partitler as follows. Full tegat frame, address, date of birth, place of birth.					
Signature of each partner					
If a body corporate, please state the authority under which you are incorporated, e.g. Companies Act 1993, Incorporated Societies Act 1908, Charitable Trusts Act 1957.					

Criminal convictions

Please state all criminal convictions against any applicants including Directors or Shareholders (except convictions for offences to which the Criminal Records (Clean Slate) Act 2004 applies).

Full Name	Conviction		Date of conviction			
(Use a separate sheet if necessary)						
Details of premises						
Proposed trading name:						
Current trading name (if applicable):						
Name of the building (if applicable):						
Address of the premises:						
		Postcode:				
Does the applicant own the premises?	Yes No					
If "no", please provide the full legal name a	nd address of the owner:					
A written statement is required from the ovits consumption on the premises. This can reference.						
What type of lease does the applicant have	and when does it expire?					
Is the licence conditional on completion of I	building work? Yes No					
If yes, please provide details:						
Does the building have a current building w	varrant of fitness (BWOF)? Yes	No				
What is the maximum occupancy of your er	ntire premises including outside are	as?				
Please describe in detail the number and nature of the toilet arrangements, e.g. number of male and female toilets, number of urinals, unisex facilities and accessible facilities:						

Fire Evacuation Declaration - Fire and Emergency Act 2017

Day Start time	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	=
	Please select which days, and during which hours, you wish to be licensed to sell alcohol:							
Other (specify)								
Tavern/bar		Café/restaura	nt	Hotel	Nightclub	Entertai	nment	
What is the general nature of the business to be conducted under the licence?								
Licence number: Expiry:								
Is there a current alcohol licence for the premises?? Yes No Type: on off club								
Business deta	ils							
What type of lease does the applicant have and when does it expire?								
A written statement is required from the owner of the building or property giving you approval to sell and supply alcohol and allow its consumption on the premises. This can be sent to <code>dla@dcc.govt.nz</code> with the name of the premises and applicant included as a reference.								
If "no", please p	provide the full l	egal name and a	ddress of the ov	vner:				
Does the applic	cant own the cor	nveyance? Ye	es No					
					Postcode:			
Address where	based:							
Registration nu	ımber:							
Trading name	of conveyance:							
Type of convey	ance (e.g. ship, b	ous or train):						
Details of con	veyance (e.g. if	this application	is for a ship, b	us, train etc.)				
Signed					Date			
		the building, the		•				
section 76	Fire and Emerg							
If unsure, check with Fire and Emergency New Zealand The owner of the building in which the premises is situated provides and maintains an evacuation scheme as required by								
		cuation statemer		u?				
				•				

Day	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Start time							
End time							

Is the sale of alcohol intended to be the principal purpose of the business? Yes No

If no, what is the principal purpose of the business?

Does the applicant supply or sell, or intend to supply or sell, any goods other than alcohol and food?							
Yes No If yes, provide details:							
Does the applicant provide, or intend to provide, any services of	other than those relate	d to the sale or supply of alco	ohol or food?				
Yes No If yes, provide details:							
What designation(s) are required for the premises?							
Undesignated (people of any age are permitted)							
Supervised (people under 18 years must be accompanied Restricted (people under 18 years not permitted)	by a parent or legal g	uardian)					
If different designations are required for different areas, pleas	e describe:						
unicient designations are required for different dreas, pleas	e describe.						
Manager details							
Provide the below details for each manager or proposed manager	ager.						
Full name	Date of birth	Manager's certificate number	Expiry date				
Conditions							
What experience and training does the applicant have in relati	on to premises license	d to sell and/or supply alcoho	ol?				
What provision does the applicant intend to make for the sale	and/or supply of:						
i. food (describe type and range and when it will be served, a							
	,						
ii. non-alcoholic drinks (describe type and range)							
iii. low-alcohol drinks (2.5% alcohol by volume or less, describe type and range)							

To what extent, and where, will drinking water be freely available to patrons?					
If no access to mains water supply is available, how	w will clean drinking wa	ter be made available?			
What steps will be taken to provide help with, and i	nformation about, trans	port options from the premises?			
What steps will be taken to prevent the sale and su	ipply of alcohol to prohil	pited people (minors and intoxicated people)?			
What other steps will the applicant take to promote	e the responsible consu	mption of alcohol?			
How does the applicant intend to staff the premise Please provide the number of staff and their exper		with the Act?			
How will the applicant train staff to ensure they co	mply with the Act?				
For high risk premises, what arrangements will be	made for security staff	?			
Signed	Date	Place			

Privacy statement

The information you provide in this application, and any supporting documents, will be used by the Dunedin City Council to process your application under the Sale and Supply of Alcohol Act 2012. The information will be shared with the Dunedin District Licensing Committee (DLC), Dunedin District Licensing Inspectors, Police and the Medical Officer of Health as part of the approval process. If required, the information may form part of a public hearing before the DLC and may be used in any subsequent decision relating to your application. The decision will be publicly available.

If your application is publicly advertised, the associated information will be publicly available.

The DCC is required to keep a statutory register of all alcohol licence applications and anyone can request a copy of that information under the Local Government Official Information and Meetings Act 1987. This information may also be used or shared for other purposes in line with the Privacy Act 2020. If you would like a copy of the personal information we hold about you, or to have the information corrected, please contact us at privacy@dcc.govt.nz or 03 477 4000.