# **Application for Temporary Authority**

#### Incomplete applications will not be processed

- The application <u>must</u> be considered by the District Licensing Committee therefore
  **10 working days' notice is required to process the application**
- This application must be accompanied by the prescribed fee (note fees are non-refundable)
- There must be a current licence for the premises before a Temporary Authority can be granted. To be considered 'current' the annual fee must be paid
- If you have any queries while completing this form please contact Administration on 03 474 3481 or email <u>dla@dcc.govt.nz</u>

Please read and complete the following checklist before submitting the application		
•	The prescribed fee of \$296.70	
•	Written statement from the owner of the building or property giving you approval to sell and supply alcohol on/from the premises An email is acceptable, this can be sent to <u>dla@dcc.govt.nz</u> with the name of the premises and applicant included as a reference	
•	Certificate of Incorporation (or equivalent document)	
•	Application & fee for Planning Certificate	
•	Application & fee for Building Compliance Certificate	
•	A letter of authorisation for consultant if they are completing the form	



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## **Application for Temporary Authority**

Section 136, Sale and Supply of Alcohol Act 2012

TO the Secretary

Dunedin District Licensing Committee

Application for a Temporary Authority to carry on the sale and supply (or delivery) of alcohol is made in accordance with the particulars set out below:

### **Type of Licence**

On-licence D Off-licence							
Current licence number:Expiry Date:							
Reason for Application:							
What date do you intend to commence trading?							
(Please allow at least 10 working days to process your application)							
Details of the Contact Person							

Full Name: .....

Mobile No.: .....

Email address: .....

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#### **Details of the Applicant**

Full legal name or names to be on licence:

(Full legal name or the exact company name as shown on the certificate of incorporation)



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Any alias/maiden name/other name:
Usual residential address:
Post Code:
Postal address for service of documents:
Post Code:
Occupation:
Phone No: Mobile No:
Email address:
Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?
Yes 🗋 No 🗍
If no, what is the full legal name, residential address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?
Full legal name:
Usual address:
Post Code:
Occupation:

Manager Details						
Provide the below details for each manager or proposed manager						
Full Name	Date of Birth	Managers Certificate Number	Expiry Date			
(Use	a separate sheet i	if necessary)				



### **Details of Premises or Conveyance**

For a Premise:
Current trading name:
Proposed trading name:
Address of premises:
For a Conveyance:
Type of conveyance (e.g.: ship, bus, carriage etc.):
Trading name of conveyance:
Address of home base:
Does the applicant own the premises/conveyance?  Yes  No
If "no", full legal name and address of the owner:
A written statement is required from the owner of the building or property giving you approval to sell and supply alcohol on/from the premises. This can be sent to <u>dla@dcc.govt.nz</u> with the name of the premises and applicant included as a reference
What right, title, estate or interest does the applicant have in relation to:
The premises or conveyance?
In any business conducted in the premises or conveyance to which the application relates?

Signed ...... Place ...... Place .....

