



# WAIROA DISTRICT COUNCIL

## REGULATORY DEPARTMENT

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PO Box 54, Wairoa 4160, Hawke's Bay  
Coronation Square, Queen Street, Wairoa

### INFORMATION SHEET - SPECIAL LICENCE

To complete the application you will need to answer all questions, supply all requested documentation and attach the prescribed fee(s). Please ensure you attach this information sheet when lodging your application.

#### On-site Special Licence

An on-site special licence authorises the holder to sell or supply alcohol for the consumption on the particular premises the special licence is issued in respect of, to people attending the event described on the licence.

#### Off-site Special Licence

An off-site special licence authorises the holder to sell or supply the licence holders own alcohol, to people attending the event described on the licence, for consumption off the premises the licence is issued in respect of.

#### What to include *(Please tick)*

- The original application
- A copy of the owner's permission *(in writing)*
- A copy of the menu
- A copy of the floor plans of the premises or the conveyance highlighting designated areas and the principal entrance.
- A copy of the site layout or area & marquees etc. *(if the event is outside)*
- A copy of your Alcohol Management Plan (AMP), for events with more than 400 patrons
- If you use an alcohol licensing consultant, a letter authorising your consultant to act on your behalf

When you have all the required documentation, you can lodge your application.

*Note: Failure to supply all required documents may result in this application being returned. Your application must be accompanied by the correct application fee. This is not refundable.*

Please use the table overleaf to calculate the correct special licence class for your application. Then tick the corresponding box on the table below to identify the appropriate fee payable.

| ✓                        | Special Licence Class | Fee (incl .GST) |
|--------------------------|-----------------------|-----------------|
| <input type="checkbox"/> | Class 1               | \$575.00        |
| <input type="checkbox"/> | Class 2               | \$207.00        |
| <input type="checkbox"/> | Class 3               | \$63.25         |

Please ensure you have accurately assessed your fee. Any errors will incur a further application payment and your licence will not be issued until all outstanding monies are received.

If you require assistance calculating your special licence class and corresponding application fee, please contact the Wairoa District Council on 06 838 7309.

| Office Use Only   | Cashier | Comments |
|-------------------|---------|----------|
| Receipt No.       |         |          |
| Receipt amount:   |         |          |
| Application name: |         | SP       |

#### Lodgment & Payment Options

Post your completed application form with cheque to: Wairoa District Council, PO Box 54, Wairoa 4160.

Lodge your application in person with cash, cheque or Eftpos at Wairoa District Council, 97-103 Queen Street, Wairoa.

## FEE CALCULATOR - SPECIAL-LICENCE

You will need to calculate the correct fee payable with your application. Please complete all the questions in order to calculate the correct fee.

### Step 1

Is the application being made in respect of a single event?

- Yes - go to Step 2  
 No - go to Step 3

### Step 2

Use the table below to determine the special licence class and corresponding application fee based on the maximum number of people expected to attend your event.

| Number of attendees | Event Size | Special licence Class | Fee (inc GSD) |
|---------------------|------------|-----------------------|---------------|
| Greater than 400    | Large      | Class 1               | \$575.00      |
| Between 100 to 400  | Medium     | Class 2               | \$207.00      |
| Less than 100       | Small      | Class 3               | \$63.25       |

### Step 3

Use the table below to determine the event size of every event listed on your application based on the maximum number of people expected to attend each event.

| Number of attendees | Event Size |
|---------------------|------------|
| Greater than 400    | Large      |
| Between 100 to 400  | Medium     |
| Less than 100       | Small      |

Next, use the table below to determine the Special licence Class and corresponding application fee based on the particular combination of events listed on your application.

| Combination of events      | Special licence Class | Fee (inc GSD) |
|----------------------------|-----------------------|---------------|
| 1 large event.             | Class 1               | \$575.00      |
| More than 3 medium events. |                       |               |
| More than 12 small events. |                       |               |
| 3 to 12 small events.      | Class 2               | \$207.00      |
| 1 to 3 medium events.      |                       |               |
| 1 or 2 small events.       | Class 3               | \$63.25       |

If you have a combination of events that cannot be combined within a single application, separate applications must be made.

Return to the fees table on page 1 and tick the box that corresponds with your Special Licence Class

## APPLICATION FORM - SPECIAL LICENCE Section 138 of the Sale and Supply Act 2012

### Section One | Special Licence type

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Please indicate what type of special licence the application is being made in respect of:

- On-site type  
 Off-site type

Is any licence already held for the premises concerned?

- Yes  No *If "Yes", provide details of the licence(s) below:*

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Was the need for the licence foreseeable?

- Yes  No

If yes, could the need for the special licence have been foreseen earlier?

- Yes  No *If "No", please describe the circumstances:*

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### Section Two | The Applicant

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#### Applicant details

Full legal name to be on licence: \_\_\_\_\_

Full Residential address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Gender:  Male  Female  Other

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Postal address for service of documents: \_\_\_\_\_

Preferred daytime contact name: \_\_\_\_\_

Preferred daytime contact number: \_\_\_\_\_

#### Status of the applicant (tick appropriate option)

- |   |  |
|---|--|
| <input type="checkbox"/> Natural person   | <input type="checkbox"/> Private   |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Local Authority   |
| <input type="checkbox"/> Public Company   | <input type="checkbox"/> Licensing Trust   |
| <input type="checkbox"/> Trustee  | <input type="checkbox"/> Body Corporate to which section 28(1)(b) of the Act applies |
| <input type="checkbox"/> Board, organisation or other body to which section 28(1)(c) of the Act applies |  |
| <input type="checkbox"/> Manager under the Protection of Personal and Property Rights Act 1988          |  |
| <input type="checkbox"/> Government department or other instrument of the Crown                         |  |

### Business Details

Describe the principle business, or any other business conducted by the applicant:

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### Criminal convictions

Has the applicant been convicted of any criminal convictions?

Yes

No

*If "Yes", provide details including dates of convictions & penalties imposed:*

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*\* State all criminal convictions (other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004)*

### Section Three | Management

Provide the following details in respect of each manager or proposed manager:

Full legal name:

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Certification number:

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Certificate expiry date:

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Full legal name:

---

Certification number:

---

Certificate expiry date:

---

Full legal name:

---

Certification number:

---

Certificate expiry date:

---

Full legal name:

---

Certification number:

---

Certificate expiry date:

---

*If any additional managers are to be employed, provide their details as a separate attachment.*

Tick this box if further manager's details have been supplied as separate attachment.

### Section Four | Details of premises

#### Full legal address of premises

Building name: *(if any)*

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Street number:

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Street name:

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Suburb:

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City & Postcode:

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Is a licence conditional upon construction or completion of building work?

Yes

No

*If "Yes", provide details:*

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What form of tenure will the applicant have *(state whether to be held as freehold, unit title, leasehold or under licence)?*

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### Section Five | Conveyance

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Type of conveyance: (e.g. bus, limo, train etc.) \_\_\_\_\_

Any trading name or name of the building: \_\_\_\_\_

Is a licence sought upon construction or completion of the premises?

Yes

No

What form of tenure will the applicant have (state whether to be held as freehold, unit title, leasehold or under licence)?

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### Section Six | Event details

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What is the principle purpose of the event: \_\_\_\_\_

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Please describe the nature of the event: \_\_\_\_\_

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Proposed days & hours for the sale of alcohol: \_\_\_\_\_

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Estimated number of people attending: \_\_\_\_\_

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Likely age distribution of people attending: \_\_\_\_\_

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What types of containers will alcohol be sold in: \_\_\_\_\_

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#### Other Goods & Services

Is the applicant intending to engage in the sale or supply of any other 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", state the nature of those other goods or services:*

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### Section Seven | Provision

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What steps shall be made for the provision of:

#### Food

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Non-alcoholic beverages & low alcohol beer options

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### Drinking Water

To what extent, and where, will drinking water be freely available to patrons:

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If no access to mains water exists, potability of water intended to be available:

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### Transport

Please describe what steps will be take to provide assistance with and information about alternative forms of transport from the premises:

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### Prohibited Persons

Please describe what steps will be take to prevent the sale and supply of alcohol to prohibited people:

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### Additional matters

List any relevant experience or training the applicant has:

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Please describe any other steps the applicant proposes to promote the responsible consumption of alcohol:

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Describe any other systems (including training systems) and staff in place for compliance with the Act:

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### Section Eight | Attachment (floor plans)

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is a copy of the floor plans of the premises attached?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the area intended to be licensed clearly highlighted?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the design and layout of the premises clearly visible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Section Nine | Signature

Signed at: (place) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Applicant signature: \_\_\_\_\_