

Information sheet for temporary authority

Sections 24 and 47, Sale of Liquor Act 1989



To: Auckland Franklin Manukau North Shore Papakura Rodney Waitakere

You are about to apply for a temporary authority to continue trading over an existing licence.

This application only allows the new owner who has any right, title, estate, or interest in any premises or any business conducted in any premises, or conveyance in respect of which an on-licence or off-licence is in force to carry on the sale or supply of liquor for such a period, not exceeding three (3) months.

To complete this application you will need to answer **all** the questions that follow and supply **all** the documents required. Then you can go to the paper.

First

Complete the application form.

Then

Make an appointment with the local District Licensing Agency and bring the following:

Tick box

- The prescribed fee of **\$134.93** (includes GST at 15%). The fee is not refundable.
- Two (2) copies of this application.
- A copy of the sale and purchase agreement.

If applicable:

Tick box

- Details of manager(s) and copy of his/her manager's certificate(s).
- A letter of authorisation for the consultant, if you are using a liquor licensing consultant.

Note: Failure to supply all the required documents may result in your application being returned.

It is important that you speak with the local District Licensing Agency in regard to this application and your new licence, as failure to do so may result in delays. The next step in the process is to apply for your Planning & Building certificate(s). After receiving the planning & building certificate(s) you can apply for your premises licence.

POO56.v2 24/9/10

Application for temporary authority

Sections 24 and 47, Sale of Liquor Act 1989
Regulation 19, Sale of Liquor Regulations 1990

Form 17

To: Auckland Franklin Manukau North Shore Papakura Rodney Waitakere

Application for a temporary authority to carry on the sale and supply (or delivery) of liquor is made in accordance with the details set out below.

1. DETAILS OF APPLICANT(S)

Full name:	<input type="text"/>			
Address:	<input type="text"/>		Postcode:	<input type="text"/>
Occupation:	<input type="text"/>			
Postal address for service of documents:	<input type="text"/>		Postcode:	<input type="text"/>
Daytime contact name and telephone number:	<input type="text"/>			
E-mail address:	<input type="text"/>	Fax number:	<input type="text"/>	
Date of birth:	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

2. DETAIL OF LICENCE

Type of licence (tick appropriate box)

<input type="checkbox"/> On-licence	<input type="checkbox"/> Off-licence
Licence Number: <input type="text"/>	Date of expiry: <input type="text"/>
Current Trading Name: <input type="text"/>	

3. PREMISES DETAILS

(to be included only where the licence applies to any premises)

Address:	<input type="text"/>
New trading name (if any):	<input type="text"/>

4. DETAILS OF CONVEYANCE

(to be included only where the licence applies to any conveyance)

Type of conveyance:	<input type="text"/>
Address of home base (if any):	<input type="text"/>
Trading or other name(if any):	<input type="text"/>

5. FURTHER DETAILS

What right, title, estate, or interest does the applicant have

(i) In the premises (or conveyance) to which the applicant relates?

(ii) In any business conducted in the premises (or conveyance) to which the applicant relates?

Does the applicant intend to carry on the sale and supply (or delivery) of liquor personally?

Yes

No

If No – what is the name, address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of liquor?

Name:

Address:

Postcode:

Occupation:

6. REASON FOR APPLICATION

What are the reasons for the application?

Applicant's
Signature:

Date:

Notes:

1. District Licensing Agency may require notice of this application to be given to any person or persons it may specify.
2. For the matters that are to accompany this application, see regulation 19(2) of the Sale of Liquor Regulations 1990.

IMPORTANT PRIVACY INFORMATION

If you would like to request access to, or correction of, your details please contact the Council.

NEW ZEALAND POLICE SUPPLEMENT

The District Licensing Agency must send the application to a member of police in charge of the police station nearest to the premises in respect of which the licence is sought for them to report on if necessary. The Police are required to inquire into this application. They cannot do so unless you consent to them releasing relevant information to us, which may include details of previous convictions. You will receive a copy of that report.

Please complete below (**Applicant**):

I,
of (address):

consent to the New Zealand Police releasing those details.

Signature of applicant: Date:

Please provide the following information for identification purpose:

Date of birth: Male Female

Driver's Licence number or Passport number, or similar:

All Certificated Manager's details:

1. Full Name:
Address:
Date of birth: Male Female
Driver's Licence number or Passport number, or similar:

2. Full Name:
Address:
Date of birth: Male Female
Driver's Licence number or Passport number, or similar:

3. Full Name:
Address:
Date of birth: Male Female
Driver's Licence number or Passport number, or similar:

4. Full Name:
Address:
Date of birth: Male Female
Driver's Licence number or Passport number, or similar: