

# Application for renewal and/or variation of an off-licence - checklist

I am applying:           to renew a licence  
                                  to vary the conditions of a licence

## Have you provided the following?

Fee: \_\_\_\_\_

The amount you must pay depends on the kind of business you run and your opening hours. Calculate the correct fee at [wellington.govt.nz/alcohol-fees](http://wellington.govt.nz/alcohol-fees)

Your fee should include:

- the application fee
- the annual fee
- \$150 public notice fee, if you're choosing to advertise on our website.

I wish to advertise my public notice on the Council website

## Supporting documents

You must provide copies of all these documents with your application - if you don't, your application can be delayed or rejected. Check [wellington.govt.nz/alcohol-renew](http://wellington.govt.nz/alcohol-renew) for detailed information about what to provide for each of these documents.

- Scale plan of the premises
- Manager certificates (*if not issued by Wellington City Council*)
- Host responsibility policy
- Staff training plan
- CPTED site assessment (*template attached*)
- Building evacuation scheme declaration (*template attached*)
- Public notice (*template attached*)
- Security plan
- Statement of annual sales revenue - existing business (*grocery stores only*)

## Extra information and documents required for a variation

If you wish to make a variation to your licence please describe the changes (*for example, change of hours/area*):

Check [wellington.govt.nz/alcohol-variation](http://wellington.govt.nz/alcohol-variation) for detailed information about what to provide for each of these documents.

- Town planning certificate
- Building certificate
- A written statement from the owner of the building, and the body corporate if required (*template attached*)

## Need help?

Phone Alcohol Licensing on 04 801 3760 or email [SecretaryDLC@wcc.govt.nz](mailto:SecretaryDLC@wcc.govt.nz)

# Application for renewal and/or variation of an off-licence

## Section 120 or 127, Sale and Supply of Alcohol Act 2012

To: The Secretary  
District Licensing Committee  
PO Box 2199  
Wellington 6140

I would like to receive the results of this application (*including the licence, if applicable*) by:      email      post

Please **PRINT** clearly.

### Endorsements

If you are seeking an endorsement, tick the appropriate box:

Remote sales **ONLY** (*for example, online or catalogue sales*)

Auctioneer

### Applicant details

Full legal name/s of the person/s or company who will receive any proceeds from alcohol sales (*include a list of any other names, including a maiden name, that you may be known by*):

Applicant status:

Individual

Private Company

Partnership

Body corporate

Public company

Club

Trustee

Local authority

Licensing trust

Government Department or other instrument of the Crown

Manager under the Protection of Personal and Property Rights Act 1988

Board, organisation or other body

Address:

Postal address for service of documents:

Postcode:

### Contact details

Name of daytime contact:

Phone number(s):

Email (*this is our preferred way of contacting you*):

If applicable, list all criminal convictions (*except offences to which the Criminal Records (Clean Slate) Act 2004 applies*). State the type and date of each conviction:

## Further details *(complete the section that applies)*

### If the applicant is an individual

Occupation:

Date and place of birth:

### If the applicant is a company or incorporated society

**Private company:** For each person who holds any shares issued by the company please provide: name, address, date of birth, place of birth, designation, percentage of shares held. *(Continue on a separate sheet if necessary.)*

**Public company:** For each person who holds 20 percent or more of the shares, or of any particular class of shares, issued by the company please provide: name, address, date of birth, place of birth, designation. *(Continue on a separate sheet if necessary.)*

### If the applicant is a partnership

Name of partnership if legally established:

For each partner provide name, address, date of birth, place of birth. *(Continue on a separate sheet if necessary.)*

Signature of each partner:

### If the applicant is a body corporate

Please state the authority the body corporate is incorporated under:

## Premises details

Address:

Trading name for the premises:

Type of premises *(for example, grocery store, bottle store, hotel):*

Is the licence sought conditional upon the premises being constructed or altered?

Yes      No

If yes, please describe the changes you are making and what consents you have:

Does the applicant own the proposed licensed premises?

Yes      No

If no, what is the full name, address, email and phone number of the owner?

What form and term of tenure will the applicant have?

Tick the box if the premises will have:

A supervised area *(under-18s must be with a parent or guardian)*

A restricted area *(no under-18s allowed)*

No designated areas

Supervised and restricted areas must be shown clearly on your scale plan of the premises.

## Business details

Is the sale of alcohol intended to be the principal purpose of the business?

Yes      No

If no, what is intended to be the principal purpose of the business?

Is the premises a grocery store?

Yes      No

If yes, include a statement of annual sales revenue that complies with regulation 12 or 13 of the Sale and Supply of Alcohol Regulations 2013. To download a template, visit [wellington.govt.nz/alcohol-docs](http://wellington.govt.nz/alcohol-docs)

## Days and hours

Days and hours when alcohol is to be sold or supplied

## Manager details

Full name and address of managers to be employed, their certificate numbers and expiry dates:

Name:

Certificate number:

Expiry date:

Name:

Certificate number:

Expiry date:

Name:

Certificate number:

Expiry date:

## Conditions

Describe the applicant's experience and training in the sale and supply of alcohol:

What actions does the applicant propose to take to make sure minors (*people under 18 years*) and intoxicated people are not supplied alcohol?

What other actions will the applicant take to promote responsible alcohol consumption?

What other systems (*including training*) are, or will be, in place for compliance with the Act?

**Please note:** The New Zealand Police and the Medical Officer of Health are required by the Sale and Supply Act 2012 to make enquiries into the application which includes the suitability of the applicant. The Police inform the District Licensing Committee of any convictions or concerns involving the applicant. Should there be concerns the applicant will also be advised.

<b>Dated at (place):</b>		<b>on (date):</b>	
Print name:		Applicant's signature:	
Print name:		Applicant's signature:	

### Privacy statement

Information you provide in this application and any supporting documents will be used by Wellington City Council (WCC) to process your application under the Sale and Supply of Alcohol Act 2012. This information will be made available to the public upon request, and will be shared with the Wellington District Licencing Committee, the Police, the Medical Officer of Health and WCC's Licencing Inspectors.

This information may form part of a public hearing or other consideration of your application before the Wellington District Licencing Committee, and may be used in the Committee's decision on your application. The decision will be made publicly available.

WCC is required to keep a statutory register of all alcohol licence applications. Anyone can request a copy of information held on the register from [SecretaryDLC@wcc.govt.nz](mailto:SecretaryDLC@wcc.govt.nz). The District Licencing Committee's decision on applications can be found at [www.nzlii.org](http://www.nzlii.org). WCC is required to report statistics about applications to the Alcohol Regulatory and Licencing Authority. Any member of the public may request access to this 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 1993. You have the right to see and correct personal information that WCC holds about you, and you can do so by contacting [info@wcc.govt.nz](mailto:info@wcc.govt.nz).

# Public notice

You must post or advertise your public notice on our website or in the newspaper, and somewhere people can easily see from the outside of your premises.

Section 101, Sale and Supply of Alcohol Act 2012
1. Full name and postal address of applicant
has applied to the District Licensing Committee in Wellington for the issue of an off-licence for the premises situated at
2. Full address of premises
and known as
3. Trading name/name of business
The general nature of the business to be conducted under the licence is
4. Purpose of business ( <i>for example, bottle store, remote sales, supermarket</i> )
The days on which and the hours during which liquor is ( <i>or is intended to be</i> ) sold under the licence are
5. Days and hours the club intends to operate
6. Summary of variation if applicable:

The application may be inspected during office hours by arrangement - email [SecretaryDLC@wcc.govt.nz](mailto:SecretaryDLC@wcc.govt.nz) or phone 04 801 3760.  
Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of the first publication of notice of the application in accordance with the Act, file a notice in writing of the objection with the Secretary of the District Licensing Committee at PO Box 2199, Wellington 6140 or by email at [SecretaryDLC@wcc.govt.nz](mailto:SecretaryDLC@wcc.govt.nz).  
No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

**This notice must be completed and attached for checking by the Secretary to the DLC before being published or posted on your premises.**

**It is your responsibility to book the newspaper publication if you choose this option.**

# Building owner's consent - template

To The Secretary  
District Licensing Committee  
Wellington City Council  
PO Box 2199  
Wellington 6140

## Person giving consent

Name \_\_\_\_\_ Date \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Dear Secretary

I am the owner Body Corporate Chair building manager other\*: \_\_\_\_\_

of \_\_\_\_\_  
(name or address of building)

I confirm that I \_\_\_\_\_

consent to \_\_\_\_\_ am authorised by the owners to consent to  
the proposed sale and supply of alcohol by

\_\_\_\_\_

(applicant name - must match application)

\_\_\_\_\_

(days and hours must match application)

The following extra conditions apply to this consent (write none if none applicable)

\_\_\_\_\_

Yours faithfully, \_\_\_\_\_

\_\_\_\_\_

\*If none of these options apply, describe the letter writer's role and why they are authorised to give consent on behalf of the building owner.

# Building evacuation scheme declaration

## Application for an off-licence:

Premises name: \_\_\_\_\_

Premises address: \_\_\_\_\_  
\_\_\_\_\_

### I confirm that *(tick the option that applies to your building)*

the building in which the premises is situated has an evacuation scheme for public safety that meets the requirements of section 21(b) of the Fire and Emergency New Zealand Act 2017.

Or

the building, by reason of its current use, does not require such a scheme, or the building is exempt from having the requirements of such a scheme.

Or

a draft scheme is currently before the Fire Service for approval.

Dated at (place): \_\_\_\_\_ on (date): \_\_\_\_\_

Print name: \_\_\_\_\_

Licensee's signature: \_\_\_\_\_



# CPTED site assessment for a premises with an off-licence - checklist

<b>Windows</b>			
There is at least 50% transparency in the front of the premises	Yes	No	N/A
There is good visibility to and from the premises and the street	Yes	No	N/A
<b>Lighting</b>			
Internal lighting inside the premises is suitable	Yes	No	N/A
Lighting allows customers to be seen as they enter the premises	Yes	No	N/A
Lighting allows staff to check IDs etc	Yes	No	N/A
Lighting outside the premises is suitable	Yes	No	N/A
Lighting outside the premises discourages loitering	Yes	No	N/A
Car parks and loading bays are well lit	Yes	No	N/A
Street lighting is outside the premises and is working properly	Yes	No	N/A
<b>Internal layout</b>			
The cash register is positioned near the main entrance	Yes	No	N/A
The cash register area is raised to improve visibility	Yes	No	N/A
Safe is out of public view	Yes	No	N/A
No stock displays are greater than 1.3 metres	Yes	No	N/A
The entire premises can be seen by the cashier	Yes	No	N/A
There is good visibility into cold stores	Yes	No	N/A
Where there may be blind spots, mirrors or CCTV are installed	Yes	No	N/A
<b>Security</b>			
Doors and windows are reinforced	Yes	No	N/A
Nothing encourages loitering outside the premises (eg notice boards etc)	Yes	No	N/A
There are no recessed entrances to the premises	Yes	No	N/A
Intruder alarm is installed	Yes	No	N/A
Alarm is monitored by monitoring centre	Yes	No	N/A
Panic buttons are linked to intruder alarm	Yes	No	N/A

**CCTV**

CCTV is installed	Yes	No	N/A
CCTV is positioned to monitor vulnerable areas	Yes	No	N/A
Customers are aware of the CCTV system	Yes	No	N/A
Staff understand its operation	Yes	No	N/A

**Security**

There are sufficient numbers of staff to ensure control of the premises	Yes	No	N/A
Two or more workers are on duty after dark	Yes	No	N/A
Staff are visible to customers upon entering the store	Yes	No	N/A
Staff greet/acknowledge customers entering the store	Yes	No	N/A
A door buzzer notifies staff of customers entering the store	Yes	No	N/A