

Application for a temporary authority - checklist

Have you provided the following?

Fee: _____

Find the correct application fee at wellington.govt.nz/temporary-authority

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/temporary-authority for detailed information about what to provide for each of these documents.

Signed lease or purchase agreement

Record of title

Supporting cover letter

A copy of the current holder's alcohol licence

Written consent from the building or conveyance owner, and body corporate if required (*template attached*)

Manager certificates (*if not issued by Wellington City Council*)

Menus and drinks lists

Need help?

Phone Alcohol Licensing on 04 801 3760 or email SecretaryDLC@wcc.govt.nz

Application for a temporary authority

Section 136, 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.

Applicant details

Full legal name/s of the person/s or company who will receive any proceeds from alcohol sales:

Address:

Postcode:

Postal address for service of documents:

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:

Current licence details

If you are applying for an on-licence, remember that you will need to apply for registration under the Food Act 2014.

Type of licence: On-licence Off-licence

Licence number:

Premises details (*For a conveyance licence, skip and complete the next section*)

Address:

Current trading name for the premises:

Proposed/new trading name for the premises:

Conveyance details

Type of conveyance (*for example, bus, plane, ferry*):

Address of home base:

Trading or other name:

Further details

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

In the premises or conveyance (*for example, leasee or property owner*):

In any business conducted on the premises or conveyance (*for example, purchase of business*):

Does the applicant intend to personally sell, supply or deliver alcohol?

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?

Name:

Date of birth:

Address:

Occupation:

Full name of any duty manager(s) / nominated person(s) in charge of the supply of alcohol at the event. If you will have certificated duty managers, provide their certificate numbers and expiry dates.

Name:

Certificate number:

Expiry date:

Name:

Certificate number:

Expiry date:

Name:

Certificate number:

Expiry date:

Is this the first application for a temporary authority?

Yes No

What are the reasons for the application? *(If this is not your first temporary authority application, you will need to provide a detailed explanation of why this application is needed.)*

Please note: The New Zealand Police are required by the Sale and Supply of Alcohol Act 2012 to make enquiries into the application including the suitability of the applicant. This will involve the Police informing the District Licensing Committee of and convictions or concerns involving the applicant. Should there be concerns the applicant will also be advised.

Dated at (place):

on (date):

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 Licensing Committee, the Police and WCC's Licensing Inspectors.

This information may form part of a public hearing or other consideration of your application before the Wellington District Licensing 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. The District Licensing Committee's decision on applications can be found at www.nzlii.org. WCC is required to report statistics about applications to the Alcohol Regulatory and Licensing 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 2020. 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

Supplementary information for temporary authority

1. Please provide any further information you feel is relevant to your application for a temporary authority:

2. Please describe the applicant's experience, qualifications and training in the sale and supply of alcohol:

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

4. What date does the applicant intend to start trading from the premises?

Dated at (place):		on (date):	
Print name:		Applicant's signature:	
Print name:		Applicant's signature:	
Print name:		Applicant's signature:	

Building or conveyance 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 or conveyance)

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)

on the following days and hours

(days and hours must match application)

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

Yours faithfully,

(Name of person giving consent)

(Signature)

*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 or conveyance owner.