Application for a new on-licence - checklist

Absolutely Positively **Wellington** City Council
Me Heke Ki Pōneke

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 for your business at **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 it on our website.

☐ I wish to advertise my public notice on the Council website

Application for registration of food business

You can find information about registering to sell food at **wellington.govt.nz/foodsafety**

☐ I have applied for a certificate of registration

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-docs** for detailed information about what to provide for each of these documents.

☐ Scale plan of the premises
☐ Map showing the premises location
☐ Photo or artist's impression of the outside of the premises
☐ Town planning certificate
☐ Building certificate
☐ Record of title *(also known as a certificate of title)*
☐ A written statement from the owner of the building, and the body corporate if required *(template attached)*
☐ Signed lease agreement
☐ Manager's certificates *(if not issued by Wellington City Council)*
☐ Host responsibility policy
☐ Security plan
☐ Staff training plan
☐ CPTED site assessment *(template attached)*
☐ Building evacuation scheme declaration *(template attached)*
☐ Public notice *(template attached)*
☐ Certificate of Incorporation or partnership agreement *(if applicable)*
☐ Menus and drinks lists
☐ Noise management plan
☐ Outdoor management plan *(if applicable)*

Need help?

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

Application for a new on-licence

Absolutely Positively Wellington City Council
Me Heke Ki Pōneke

Section 100, 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:

☐ BYO restaurant – applies to BYO-only restaurants *(not fully licensed)*

☐ Caterer – off-site catering. You will need to provide evidence of catering *(for example, menus, web information, booking agreements)*.

Applicant details

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

LAINE ANDREW KAWANA-MOUAT / IBIZA PARTY BUS LTD.

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: 57A WELLINGTON ROAD, KILBIRNIE, WELLINGTON 6022

Postal address for service of documents:

AS ABOVE

Postcode:

Contact details

Name of daytime contact: LAINE ANDREW KAWANA-MOUAT

Phone number(s): 021 103 3475

Email *(this is our preferred way of contacting you)*: LAINEKAWANAMOUAT@GMAIL.COM

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:

N/A

Further details *(complete the section that applies)*

If the applicant is an individual

Occupation: DIRECTOR

Date and place of birth: [redacted]

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.)*

PLEASE REFER TO ATTACHED.

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

Address:

Trading name for the premises:

Type of premises *(for example, restaurant, tavern)*:

Is the licence being applied for conditional upon the premises being constructed or altered?

☐ Yes ☐ No

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

For new premises, what date do you intend to open?

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.

Conveyance details

Type of conveyance *(for example, plane, boat, train, bus)*: BUS

Trading name for the conveyance: IBIZA PARTY BUS

Address of home base: 57A WELLINGTON RD, KILBIRNIE, WELLINGTON 6022

Principal route travelled: WELLINGTON

Does the applicant own the conveyance?

☑ Yes ☐ No

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

What form and term of tenure will the applicant have?

For a **ship, ferry or hovercraft**, do you have a current Safe Ship Management Certificate?	☐ Yes	☐ No
For an **airplane**, do you have a current Certificate of Airworthiness?	☐ Yes	☐ No
For a **train**, do you have a Rail Service Licence?	☐ Yes	☐ No
For a **bus**, do you have a current warrant of registration?	☑ Yes	☐ No

Registration number: MYY164

Business details

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

☐ Yes ☑ No

If no, state what the principal purpose of the business will be: TRANSPORT

Is the applicant engaged, or intending to be engaged, on the premises selling goods other than alcohol and food, or providing services other than those directly related to selling and supplying alcohol and food?

☐ Yes ☑ No

If yes, describe the other goods or services:

Days and hours

Days and hours when alcohol is to be sold or supplied

MONDAY - SUNDAY 08:00 - 01:00

BYO-only - days and hours the applicant wants endorsed for a BYO licence

N/A

Manager details

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

Name: LAINE ANDREW KAWANA-MOUAT

Certificate number: 49D/CERT/678/2019 Expiry date: 19/11/2020

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:

- TRAINED BY "GET A PARTY BUS" IN AUCKLAND.
- CURRENT OWNER OF AN EXISTING PARTY BUS WITH A CONVEYANCE LICENCE, OPERATING IN WELLINGTON UNDER IBIZA PARTY BUS.

Provide menus or descriptions regarding the available:

- ☑ food *(describe type and range)*
- ☑ non-alcoholic refreshments *(describe type and range)*
- ☑ low-alcohol beverages *(describe type and range available containing 1.15%-2.5% alcohol)*
- ☑ alcoholic beverages *(describe type and range)*
- ☑ how and where drinking water will be made freely available to customers *(if there is no access to mains water supply describe how you will make water available)*

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

- NO I.D, NO ENTRY
- NO INTOXICATED PERSONS ALLOWED TO ENTER BUS
- BAR MANAGER WILL CHECK I.D ON ENTRANCE

HIRER WILL SIGN A FORM TO COMPLY WITH SAID RULES (PLEASE FIND ATTACHED)

What actions does the applicant propose to take to provide help with and information about transport options from the licensed premises?

- TAXI NUMBERS ON-BOARD
- DRIVER HAS AN UBER ACCOUNT
- WE ARE TRANSPORT, SO CAN DROP-OFF WHERE NEEDED

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

- CONSUMPTION OF FOOD & WATER ENCOURAGED BY ALL STAFF
- PLENTY OF OTHER ENTERTAINMENT ON BOARD INCLUDING DANCING POLES AND MUSIC.

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

- CLEAR SIGNAGE AROUND THE BUS
- HOST RESPONSIBILITY IS HIGHLY DETAILED

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.

Dated at (place): WELLINGTON, NZ	**on (date):** 02/08/2020
Print name: LAING ANDREW KAWANA-MOUAT	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**. The District Licencing 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 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**.

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.)*

Name: Laine Andrew Kawana-Mouat
Address: 57A Wellington Road, Kilbirnie, Wellington, 6022, New Zealand
DOB: [redacted]
Place of Birth: [redacted]
Shares: %100

Plan of Premise showing where alcohol is to be sold and supplied.