

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: \$2063.00

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

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 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) Issued by WCC
- 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):

N/A

Check 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

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

WCC RECEIVED: 26 SEPTEMBER 2020

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): N BHANA AND COMPANY LIMITED T/A OUR GENERAL GROCER NEWTOWN

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: 7 RIDDIFORD STREET, NEWTOWN

Postal address for service of documents: AS ABOVE

Postcode: 6021

Contact details

Name of daytime contact: MISS URMILA BHANA

Phone number(s): [REDACTED]

Email (this is our preferred way of contacting you): [REDACTED]

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: 7 RIDDIFORD STREET, NEWTOWN, WELLINGTON 6021

Trading name for the premises: OUR GENERAL GROCER NEWTOWN

Type of premises (for example, grocery store, bottle store, hotel): MEDIUM FORMAT GROCERY STORE

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? OWNER OPERATOR OCCUPIER

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? SALE OF GROCERY, PRODUCE, HOUSEHOLD GOODS SUCH AS FACE CLOTHS, DUST PANS

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

Days and hours

Days and hours when alcohol is to be sold or supplied MONDAY – SUNDAY 7AM – 9 PM AS PER CURRENT

Manager details

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

REFER CURRENT (AS PER STATEMENT IN THIS FORMS' CHECK LIST) ON WCC RECORDS

Name: MR NARAN BHANA

Certificate number: 49C / CERT / 990 /2014

Expiry date: 8 NOVEMBER 2020

Name: MISS URMILA BHANA

Certificate number: 49C / CERT / 991 / 2014

Expiry date: 11 DECEMBER 2020

Name:

Certificate number:

Expiry date:

Conditions

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

OVER 17 YEARS EXPERIENCE IN THE RETAIL SALE OF ALCOHOL WITHIN THE MEDIUM FORMAT STORE. ALL STAFF HOLD NZQA QUALIFICATIONS AND KEEP UP-TO-DATE VIA ON THE JOB TRAINING, NOTIFICATIONS FROM REGULATORY ADVISORS/NOTIFICATIONS FROM GOVERNMENT AGENCIES & INDUSTRY REPRESENTATIVES.

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

THE KEY IS CERTIFIED STAFF TRAINING IN THE FIRST INSTANCE SO EVERYONE IS FULLY AWARE OF THE RESPONSIBILITY AND CAN POSITIVELY CONTRIBUTE TO THE CONVERSATION AROUND THE SALE OF ALCOHOL.

THEN BEING FIRM ON THE NOTIFICATION VIA WRITTEN DISPLAY TO CUSTOMERS REGARDING THE AGE RESTRICTIONS/EXPECTATION AROUND INTOXICATION / LIQUOR BAN AREAS SO THAT THE CUSTOMER THEMSELVES ARE FULLY AWARE.

THE KEY THOUGH IS USING THE ID VERIFICATION METHOD TO ENSURE THAT WE DO NOT SELL TO MINORS.

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

AVAILABILITY OF NON AND LOW ALCOHOL OPTIONS

TRADING WITHIN THE LICENSED HOURS

SINGAGE

MAINTAINING A GOOD OFFER OF GROCERY AND MEAL OPTIONS.

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

PROVIDING ON-LINE / ON THE JOB TRAINING TO SUIT AS AND WHEN REQUIRED

RETAIL THE SALE OF ALCOHOL ON PERMITTED DAYS ONLY

KEEPING UP-TO-DATE VIA PUBLICATIONS AND SUBSCRIPTIONS

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): 7 RIDDIFORD STREET, NEWTOWN, WELLINGTON

on (date): 26 SEPTEMBER 2020

Print name: MISS URMILA BHANA

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, the Medical Officer of Health and WCC's Licensing Inspectors.

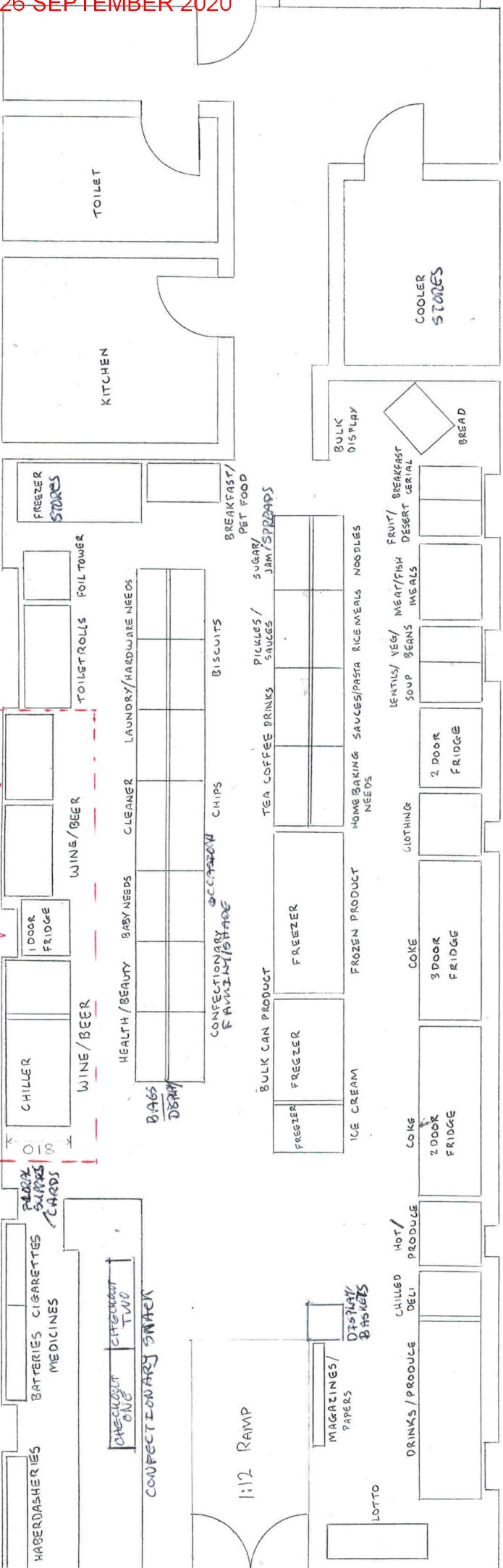
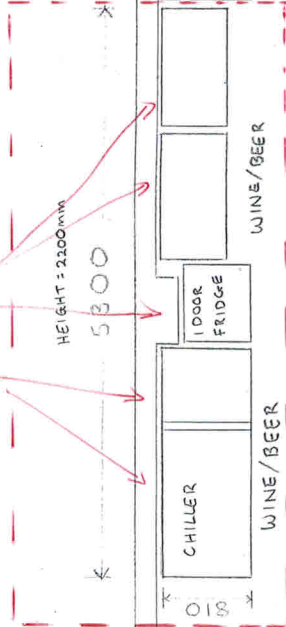
This information may form part of a public hearing or other consideration of your application before the Wellington District Licensing Committee, and may be used in the Committee's decision on your application. The decision will be made publicly available.

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 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.

Small range
of
ALCOHOL

HEIGHT = 2200mm

5300



15 100

20400

7 RIDDIFFORD STREET, NEWTOWN

SCALE 1:50