

Application for renewal and/or variation of an on-licence

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

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

Wellington City Council
31 March 2021

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*):

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.)

T A PAPOUIS. [REDACTED]

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 this section and complete the following section)

Address:

382 BROADWAY MIRAMAR WELLINGTON 6022

Trading name for the premises:

OIKOS RESTAURANT

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

RESTAURANT

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?

SANDY MORFEE [REDACTED]

What form and term of tenure will the applicant have? 9 YEAR LEASE

Tick the box if the premises will have:

A supervised area (under-18s must be with 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):

Trading name for the conveyance:

Address of home base:

Principal route travelled:

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:

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?

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

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

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:

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 (*f 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?

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

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

What other systems (*including training*) and staff 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.

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, 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.

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