

273995

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

Absolutely Positively
Wellington City Council

WELLINGTON CITY COUNCIL
BCC

14 JAN 2020

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

Have you provided the following?

Fee: $1078.00 + 150 = 1228.00$

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)
- ☒ 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 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

15/02/2020

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

Absolutely Positively
Wellington City Council
Me Heke Ki Pōneke

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:

105-107 Manners Street. CBD. Wellington

Postal address for service of documents:

Postcode: 6011

Contact details

Name of daytime contact: Qiang Liu

Phone number(s): 0226515022

Email (this is our preferred way of contacting you): studymaster@hotmail.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:

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.)

Capital liquor Ltd / Li Lin Zhu 56 Parkville Road
Giang Lin [redacted] [redacted] [redacted] 50% share

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:

105-107 Manners Street. CBD, Wellington

Trading name for the premises:

Capital liquor

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

Bottle 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?

Niv Foods Ltd.

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

Days and hours

Days and hours when alcohol is to be sold or supplied

Monday - Sunday 9Am - 6:00pm

Manager details

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

Name:

See attachment

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:

Did LCQ training in 2005. obtained Managers certificate from 2007. Continuously working in the licenced premises.

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

Duty managers. to enforce rigorous ID checks for under 25% individuals and groups. and evaluate customers speech, coordination, apperance and level of intoxication. and to refuse service if any concerns or doubts.

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

To provide and promote a good range of low and zero ~~alcohol~~ alcohol Beer, wine and soft drinks. and display a variety of snack food options no promotion or discount for any alcohol products.

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

utilise the range of industry training resources from service zone and suppliers. Staff meetings to review reported incidents and other obligations under 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): Wellington

on (date): 13/01/2020

Print name:

Qiang Liu.

Applicant's signature:

Qiang Liu

Print name:

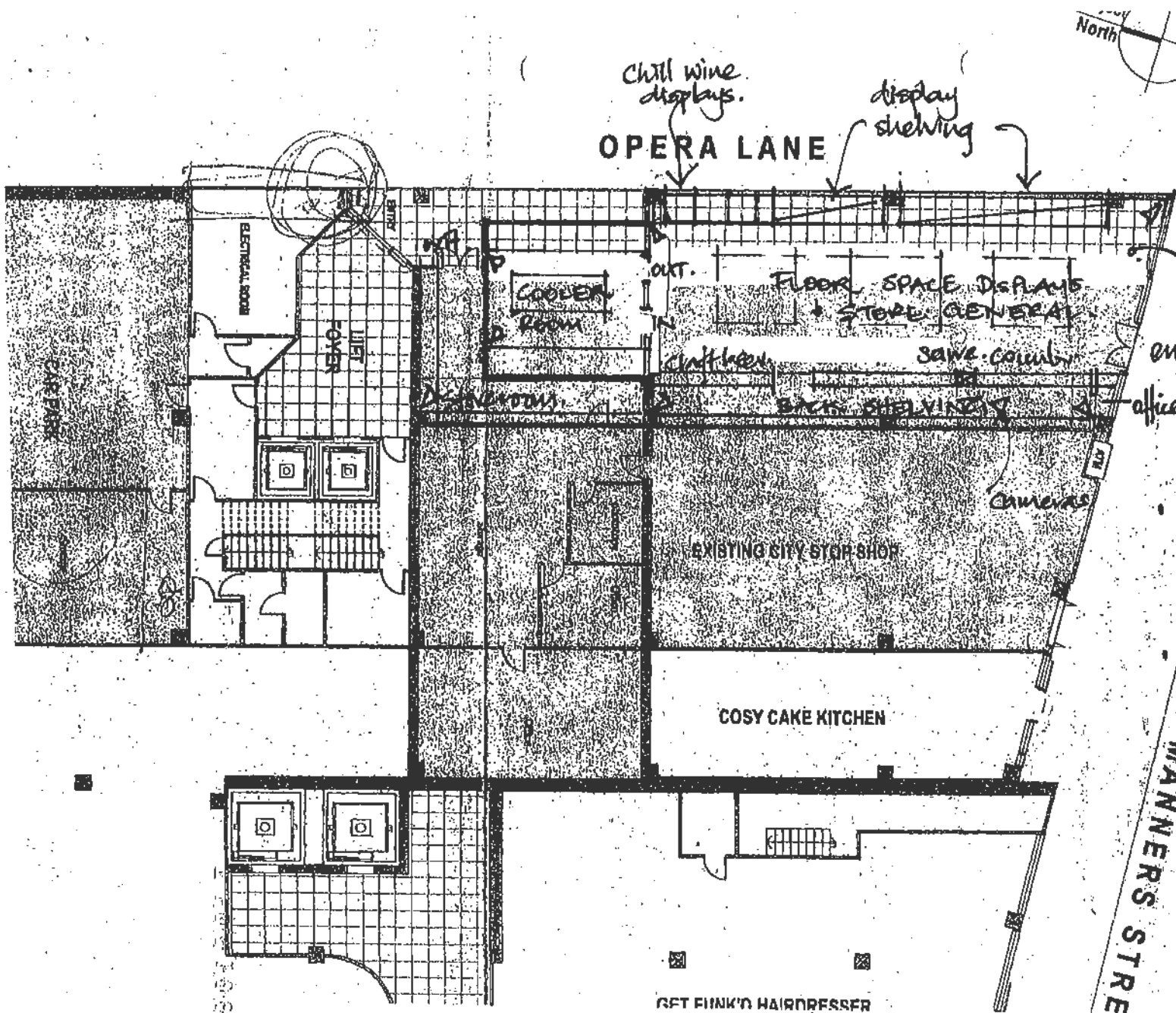
Applicant's signature:

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.



Plans to be read in conjunction with the specification
 For all timber treatments refer to 3820 Carpentry or 3021 Timber Framing in the specification unless noted otherwise on the drawings
 Numbering system to drawing notes relates directly to specification numbering
 Revisions:
 SK1 28-10-10

WELLINGTON CITY COUNCIL
 PUBLIC HEALTH
 14 JAN 2020
 RECEIVED
 WAKEFIELD ST. WELLINGTON

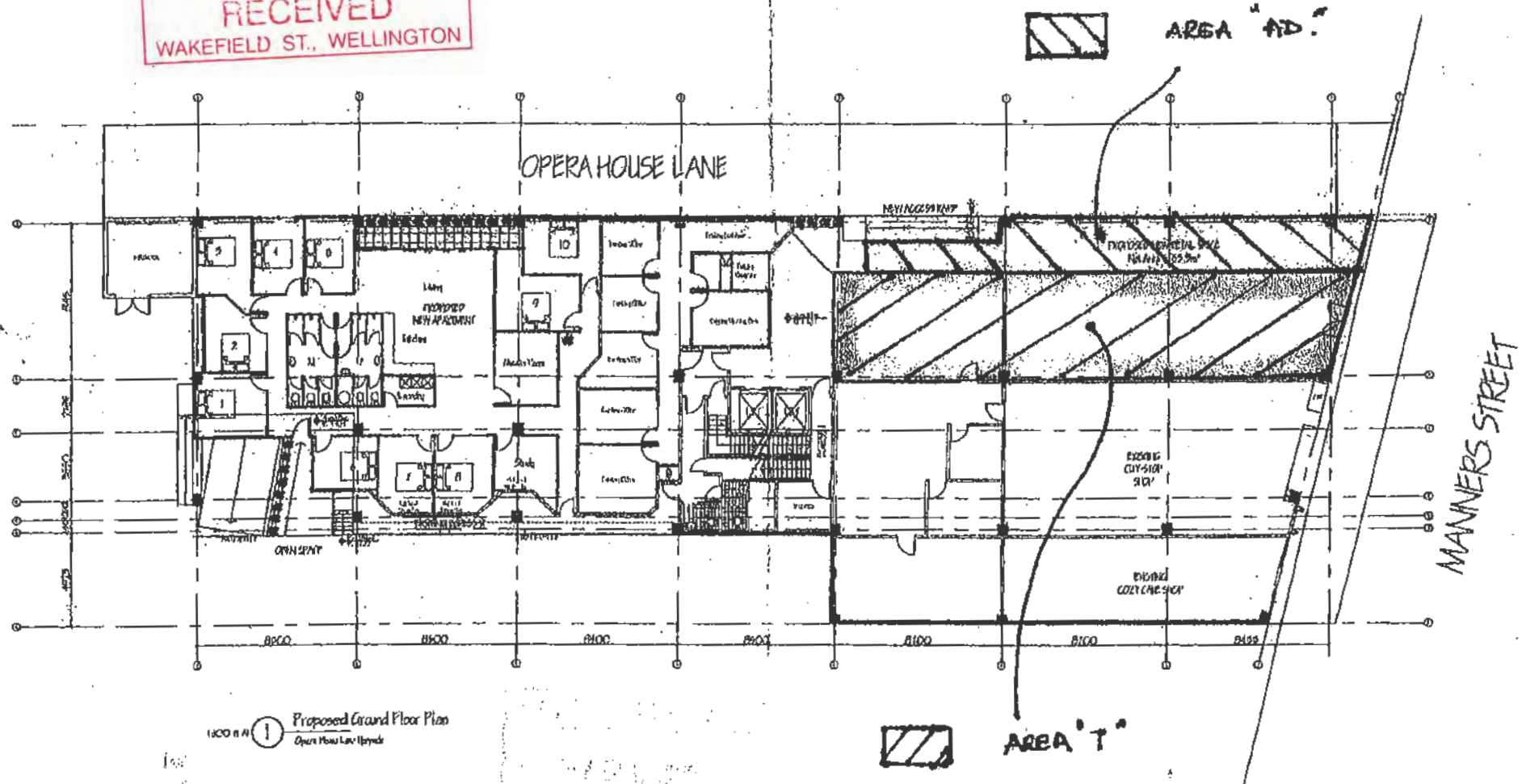
**CAPITAL LIQUOR STORE.
 LAY OUT.**

Manners Street 105.
 Wellington

Existing Floor Plan

Date Wednesday, 27 October 2010
 By SBS
 Checked
 Scale As shown @ A3 / 1:200

WELLINGTON CITY COUNCIL
PUBLIC HEALTH
14 JAN 2020
RECEIVED
WAKEFIELD ST., WELLINGTON



Opera House Lane Upgrade
107 Manners Street, Wellington
For The Wellington Company Ltd

WALKER
ARCHITECTURE &
DESIGN
LTD
107 MANNERS STREET
WELLINGTON
TELEPHONE 04-488 8888
WWW.WALKERARCHITECTURE.CO.NZ



Issue
A RESOURCE CONSENT 22-09-20

1:100 @ A1
Resource Consent

sheet
A5
scale
1:100 @ A1
Issue
A

Proposed Plan
Ground Floor