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

Absolutely Positively
Wellington City Council
Me Heke Ki Pōneke

Type of application sought

- [x] variation of conditions
- [x] renewal of licence

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 on our website.

- [x] I wish to advertise my public notice on the Council website

~~#~~ ~~420665~~ 420665

486–
213–
150–
~~849~~–

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.

- [x] Scale plan of the premises
- [ ] Manager certificates *(if not issued by Wellington City Council)*
- [x] Host responsibility policy
- [x] Staff training plan
- [x] CPTED site assessment *(template attached)*
- [x] Building evacuation scheme declaration *(template attached)*
- [x] Public notice *(template attached)*
- [x] Menus and drinks list
- [ ] Outdoor management plan NA.
- [x] Noise management plan
- [x] Security plan

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4 DEC 2019
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Extra 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)*:

REWORD CONDITION FOUR TO

"... MAY BE SOLD FOR TASTING."

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?

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

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

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

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)*:

ROBE WINE COMPANY 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: 13 MURPHY ST
TE ARO WELLINGTON

Postal address for service of documents:

AS ABOVE

Postcode:

Contact details

Name of daytime contact: JULES VAN COSTELLO

Phone number(s): WINE@TEARO WINE.CO.NZ

Email *(this is our preferred way of contacting you)*: 020 404 714 8

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:

F *(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.)*

ATTACHED

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: ~~13 MURPHY ST,~~ 1 8 EBOR ST, TE ARO

Trading name for the premises:

TE ARO WINE

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

WINERY

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?

HARVEY WU, 021 430082 HARVEY@ANGLO.CO.NZ

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 parent or guardian)*

☐ A restricted area *(no under-18s allowed)*

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

MONDAY – SUNDAY 10AM – 8PM

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: JULES VAN COSTELLO

Certificate number: 494 CERT 1580/2016 Expiry date: 1/9/20.

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:

THE MANAGER AND DIRECTOR JULES VAN COSTELLO HAS 15 YEARS EXPERIENCE MANAGING LICENCED PREMISES.

Provide menus or descriptions regarding the available:

- [x] food *(describe type and range)*
- [x] non-alcoholic refreshments *(describe type and range)*
- [ ] low-alcohol beverages *(describe type and range available containing 1.15%-2.5% alcohol)* NA.
- [x] alcoholic beverages *(describe type and range)*
- [x] 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?

WE ONLY SERVE TASTING POURS AND MONITOR INTOXICATION

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

WE OFFER TAXIS TO ANY GUESTS WHO MAY NEED THEM.

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

WE ONLY OFFER TASTINGS. WE OFFER FOOD, NON-ALCOHOLIC OPTIONS AND WATER.

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

WE HAVE A COMPREHENSIVE STAFF TRAINING POLICY

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.

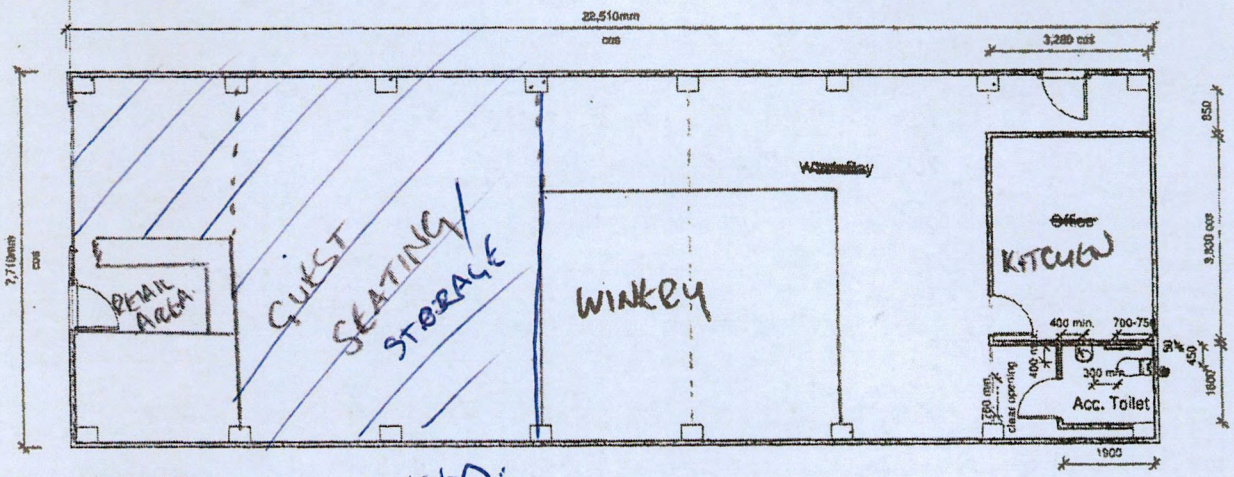
Dated at (place): ~~4/12/19~~ TE ARO WINE	**on (date):** 30/11/19.
Print name: JULES VAN COSTELLO	Applicant's signature: [signature] 4/12/19.
Print name:	Applicant's signature:

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.

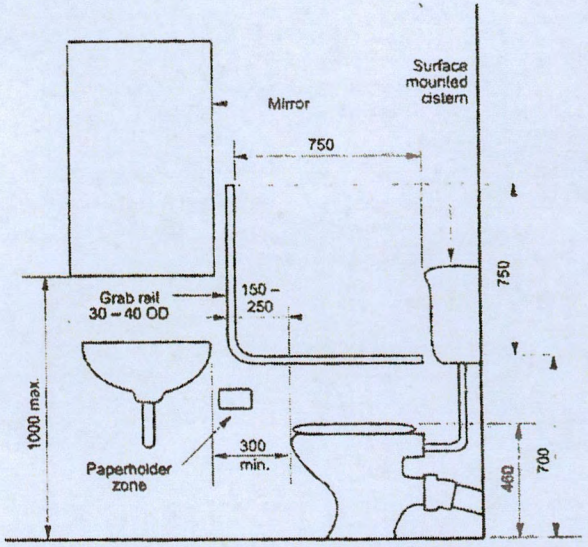
This information may form part of a public hearing or other consideration of your application before the Wellington District Licencing Committee, and may be used in the Committee's decision on your application. The decision will be made publicly available.

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



Proposed Plan
SCALE @ A3 - 1 : 100

SUPERVISED.



Standard Accessible Toilet Elevation

WELLINGTON CITY COUNCIL
PUBLIC HEALTH
17 OCT 2018
RECEIVED
WAKEFIELD ST., WELLINGTON

10242018

A210 Rev.

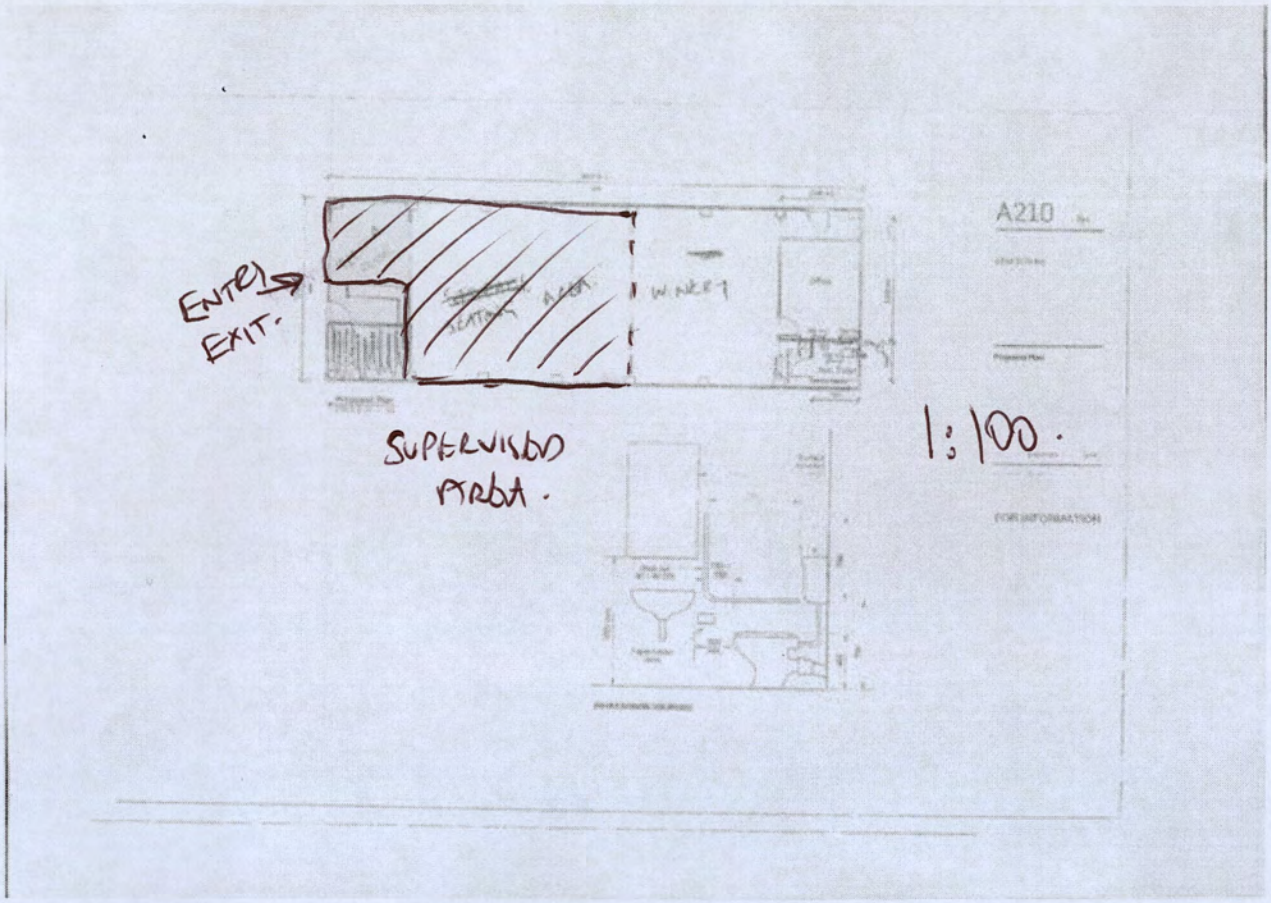
8 Ebor St Te Aro

Proposed Plan

NO.	DESCRIPTION	DATE

SCALE @ A3. 1:100

FOR INFORMATION



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