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

Absolutely Positively Wellington City Council
Me Heke Ki Pōneke

Type of application sought

- ☑ variation of conditions
- ☑ renewal of 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 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.

☑ 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)*
- ☑ Menus and drinks list
- ☑ Outdoor management plan
- ☑ Noise management plan
- ☑ Security plan

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)*:

I would like to amend to hours of trade to -

Cuckoo Nook:
Monday to Sunday Supervised Area 8:00am - 2:00am the following day

Whole of Premises:
Thursday and Friday Supervised Area 4:00pm to 2:00am the following day
Saturday to Wednesday Supervised Area 5:00pm to 2:00am the following day

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 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)*:

Sculptor Limited

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:

Suite 12, Level 1, 37 Courtenay Place, Te Aro, Wellington 6011

Postal address for service of documents:

P.O. Box 9582, Marion Square, Wellington

Postcode: 6141

Contact details

Name of daytime contact: Justin McKenzie

Phone number(s): 021506906

Email *(this is our preferred way of contacting you)*: justin@eaudevie.co.nz

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.)*

Justin D.E. McKenzie, 72 Eden Street, Island Bay, [redacted] Wellington, Director, 100%

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:
Foxglove Building, North Queens Wharf, Wellington Waterfront, 57 Customhouse Quay, WELLINGTON 6011

Trading name for the premises:

CUCKOO EMPORIUM

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

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?
Cornerstone Partners Limited (Property Manager Nicolas White), nick@cspartners.co.nz, 021932500

What form and term of tenure will the applicant have? Lease, expiry 2022 (Lease renewal under negotiation)

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

Cuckoo Nook: Monday to Sunday Supervised Area 8:00am - 2:00am the following day
Whole of Premises: Thursday and Friday Supervised Area 4:00pm to 2:00am the following day. Saturday to Wednesday Supervised Area 5:00pm to 2:00am the following day

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: Justin Daniel Edward McKenzie
Certificate number: 49C/CERT/661/2016 Expiry date: 6th AUGUST 2022

Name: Oliver Frederick Middleton
Certificate number: 49C/CERT/640/2018 Expiry date: 4th OCTOBER 2022

Name: Ehren Moses Khoo-Steel
Certificate number: 49D/CERT/129/2019 Expiry date: 22nd MARCH 2023

Conditions

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

I am well known and experienced operator in the Wellington Hospitality scene. I have operate three venues in the city for over ten years. I have held my managers licence since 1996.

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?

Our hosp responsibility plan and staff training ensures alcohol is not to be served to minors or intoxicated persons. This training ensures that these persons are identified and removed from the premises as required. The venue has mixed designations and the staff are aware that unaccompanied minors may be on the premise at certain times.

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

The appropriate required signage dispalys contact details for alternative forma of transport, which includes local taxi services. Staff will assist and offer to contact these services on behalf of the customer

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

In depth host responsibility policy, No promotionss to encourage excessive consumption of alcohol, food and low alcoholic drinks available, intervening with water and offering food, 'cutting off' customers showing clear signs of intoxication, refusing service and removing intoxicated persons from venue.

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

Host responsibility training, Majority of staff have Managers Licence and are trained internally.

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):** 15th June 2020
Print name: Justin D.E. McKenzie	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**.

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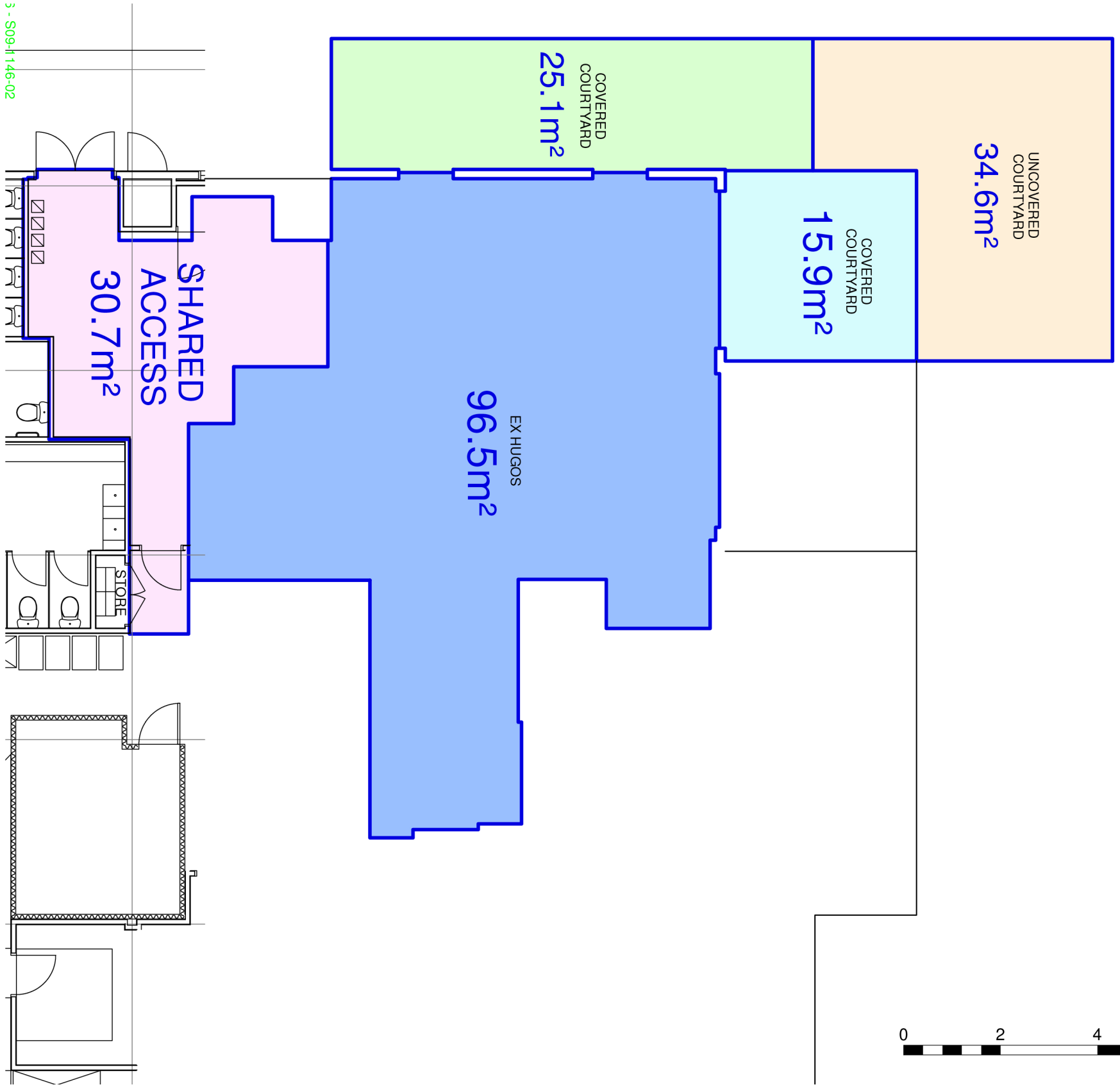

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Spencer Holmes Ltd
Level 6 - 8 Willis Street Ph (04) 472 2261
PO Box 588 Fax (04) 471 2372
Wellington NZ survey@spencerholmes.co.nz

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EX HUGOS
57 CUSTOMHOUSE QUAY
TENANCY AREAS
PREPARED FOR HERITAGE PROPERTY GROUP

DRAWN Ross Rose
DATE 14 January 2010
SCALE 1 : 100 @A3
DRAWING NUMBER S09-1146-02
REV B