



"HELPING YOU SELL LIQUOR SAFELY"

Application for temporary authority



The Secretary
Hastings District Licensing Committee
Private Bag 9002
HASTINGS 4156
Phone: 06 871 5000
Fax: 06 871 5115

TRIM Ref: REG-35-13-86



ITEMS TO ACCOMPANY THIS APPLICATION

Please ensure the following documents accompany the application		Tick where provided
1.	The application form.	<input type="checkbox"/>
2.	The prescribed fee of \$296.70 (including GST).	<input type="checkbox"/>
3.	Documented evidence of transfer of ownership or lease of the premises.	<input type="checkbox"/>
4.	Where the applicant is incorporated a copy of the Certificate of Incorporation . (Character references must also be provided for the directors of the company).	<input type="checkbox"/>

Please Note that:

- A Temporary Authority allows a new owner to trade for a limited time on the existing On or Off Licence whilst an application for a new licence is in progress. The Temporary Authority is issued **for three months and can only be granted where the existing licence is still current** (has not expired or been surrendered).
- At least thirty **working days** are required for the processing of applications. In addition, should any objections be received, further processing time will be required to allow for a hearing to be held.
- The District Licensing Committee may require notice of this application to be given to any person or persons it may state.

APPLICATION FOR TEMPORARY AUTHORITY

Section 136, Sale and Supply of Alcohol Act 2012
Form 16

To the Secretary
Hastings District Licensing Committee

Application for temporary authority to carry on the sale and supply (or delivery) of alcohol is made in accordance with the details set out below.

Details of applicant

State full legal name, address, and occupation:

Full Legal Name:

Address:.....

Occupation:.....

State postal address for service of documents:

.....
.....

Daytime contact name and telephone number:

Contact Name:..... Telephone No:

E-mail address: Cell Phone No:

Details of licence

Type of licence (*tick appropriate box*):

On-licence Off-licence

Number:

Details of premises

(To be included only where the licence applies to any premises that are not a conveyance)

Address:.....

Trading or other name (if any):

Details of conveyance

(To be included only where the licence applies to any conveyance)

Type of conveyance:

Address of home base (if any):.....

Trading or other name (if any):

Further details

State what right, title, estate, or interest does the applicant have—

- in the premises (or conveyance) to which the application relates?

.....

- in any business conducted in the premises (or conveyance) to which the application relates?

.....

Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?

Yes

No

If No, what is the full legal name, address, and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?

Full Legal Name:

Address:.....

Occupation:.....

State what the reasons are for the application?

.....

.....

.....

Dated at _____ this _____ day of _____ 20

Signed: _____
(Applicant)