

Application for a Special Licence

Sections 138, Sale and Supply of Alcohol Act 2012

To: The Secretary,

Selwyn District Licensing Committee,

C/- Food and Health Standards (2006) Ltd

PO Box 7469,

CHRISTCHURCH 8240

Application for a special licence is made in accordance with the details set out below:

1. Applicant details			
(a) Full Name of applicant:			
Contact Name:			
(c) Postal Address			
(d) Contact Number(s):			
(e) Email:			
(f) Is this Licence sought for a premise / site or conveyance (eg. vehicle, ship, train)			
(g) Is this a On-site application or Off-site application or Combined on/off-site application			
(h) Have you applied for this Special Licence 20 working days before the event? Yes No If no, was this event reasonably foreseeable? Please provide details?			
(i) Status of applicant: (This must be the entity receiving any monies from the event(s)) Natural Person			
2. Further details where the licensee is a company			
(a) Date of incorporation:			
(b) Place of incorporation:			

Full details of each director and the secretary
Name
Address
Position held:
Place and date of birth:
State any criminal convictions:
Name
Address
Position held:
Place and date of birth:
State any criminal convictions
3. Further details where the licensee is a partnership
Full details of each partner
Name
Address
Signature:
Place and date of birth:
State any criminal convictions
Name
Address
Signature:
Place and date of birth:
State any criminal convictions
4. Details of premises
(a) Trading name for premises (if any):
(b) Address of (proposed licensed) premises:
(c) Does the licensee own the (proposed licensed) premises?
If no:
If no: i. What is the full name and address of the owner?

5. Details of conveyance (if applicable)
(a) Type of conveyance (eg. ship, railway carriage, bus):
(b) Does the licensee own the proposed conveyance? Yes No
If no, what is the full name and address of the owner?
(a) He we have a deliver.
(c) Home base address:
(d) Any name used or proposed for conveyance:
(e) Provide registration number:
6. Designated Areas
(a) What part (if any) of the premises does the licensee intend should be designated as:
i. A restricted area (state)
ii. A supervised area (state)
iii. An undesignated area (state)
7. Event Details
(a) What is the principal purpose of this event?
(b) On which days and during which hours does the applicant propose to sell alcohol under the licence?
(c) Is the applicant engaged, or intending to be engaged, in the sale or supply of
any goods other than alcohol and food, or in the provision of any services Yes No
other than those directly related to the sale or supply of alcohol and food?
If yes , what is the nature of those other goods or services?
(d) Estimate number of people attending the event?
(e) Estimate the number of people under the age of 18 years?
(f) What types of containers do you intend to sell alcohol in?
(g) What alcoholic drinks do you intend to sell? (eg. wine, beer, RTD's)

8. Conditions		
(a) What steps does the applicant propose to take to provide assistance with or in	nformation about	
alternative forms of transport from the licensed premises?		
(b) What other steps does the applicant propose to take aimed at promoting the responsible		
consumption of alcohol?		
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(c) State the experience and training of the applicant:		
(d) What steps does the applicant propose to take to ensure that the requirement	s of the Act in	
relation to the sale of alcohol to prohibited persons are observed?		
(On-site Special Licence Only)		
(e) What provision does the applicant intend to make for the sale and supply o	ıf·	
i. Food? (details of food)		
ii. Non-alcoholic refreshments? (details of these)		
iii. Low-alcohol beverages? (details of these)		
iii. Low-alconor beverages: (details of these)		
iv. Water? Where is it freely available?		
9. Details of Manager (Certified or acting as manager)		
How many managers have been/will be appointed?		
Manager	details	
Name		
Address		
Certificate Number:		
Name		
Address		
Certificate Number:		
10. Signature and Date		
Dated atthisday of		
Signature of applicant		
Notes:		
- This form must be accompanied by the prescribed fee, and the items in the checklist.		