

Application for Temporary Authority



Section 136, Sale and Supply of Alcohol Act 2012

To: The Secretary
Central Otago District Licensing Committee
Central Otago District Council
PO Box 122
Alexandra 9340

1. DETAILS OF APPLICANT

Full name: _____

Address: _____

Postal address for service: _____

Contact details: Phone: _____

Cell phone: _____

Email: _____

2. DETAILS OF LICENCE

Existing Licence:

On-Licence Number: _____ Expiry date: _____

and/or

Off-Licence Number: _____ Expiry date: _____

3. DETAILS OF PREMISES

Address: _____

Trading or other name: _____

4. FURTHER DETAILS

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 to which the application relates? _____

Evidence of this entitlement must be included with the application, ie Sale and Purchase Agreement or letter from the current Licensee, etc.

OFFICE USE ONLY	Date Sent	Deadline Date	Date Received	Application No.
Police Report				
Licensing Inspectors Report				Debtor No.

What date do you require the Temporary Authority to start from: _____

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

Yes No

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

Name: _____

Address: _____

Occupation: _____

What are the reasons for the application? _____

Manager(s) employed for the term of this temporary order:

Name	Address	Certificate Number	Expiry

Applicants Signature

Dated

Notes

This application must be accompanied by the prescribed fee of \$296.70 for each licence for which a Temporary Authority is sought.

The District Licensing Committee may require notice of this application to be given to any person or persons it may state.

Applicant (if a natural person) to complete and submit with application

- **All directors of the applicant company**
- **Secretary of applicant club**
- **For a special licence the duty manager and applicant for the event**

Personal Information

Full name :

Gender:

(M) (F) (Other)

Date of birth:
(dd/mm/yyyy)

NZ Driver Licence
number:

Or Passport number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name

First name

Middle names

Consent to release information

1. The New Zealand Police may release **any** information they hold relevant to the purpose of enabling the District Licencing Committee (DLC) to decide on my suitability to hold a licence or managers certificate
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. NZ Police may release the information listed in Section 1 to reporting agencies for the reason listed above
3. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released
4. The Police may disclose new relevant information to the DLC after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police has ascertained that the purpose of the Police vet still exists.
5. Information provided in this consent form may be used to update New Zealand Police records.
6. I am entitled to a copy of the vetting result released to the DLC and can seek a correction by contacting Police.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result.

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the DLC making this request for the purpose of assessing my suitability at any time.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the reporting agency for the purpose of assessing my suitability at any time.

Name:

Date:

Signature:

Electronic Signature