



#### Information sheet for new on-licence

#### Section 100 of the Sale and Supply of Alcohol Act 2012

To complete this application, you must answer **all** the questions, supply **all** requested documentation and pay the application fee.

What to include (please tick):

| , , , at t | e morade (predate tion).   |
|------------|--|
|            | The completed application form.  |
|            | The issued Building Certificate as required under s.100 (f) of the SSAA 2012 Act.  |
|            | The issued Planning Certificate as required under s.100 (f) of the SSAA 2012 Act.  |
|            | A written statement from the owner of the building consenting to alcohol being sold from the premises.   |
|            | A copy of the Certificate of Incorporation or other documentary evidence identifying particulars of the applicant.   |
|            | Detailed A4 scale plan showing the defined licensed area, the interior of the premises showing the kitchen,  |
|            | toilets, customer areas, principal entrance and designated areas – restricted, supervised or designated. (Refer to last page for an example).  |
|            | A photograph of the outside of the premises including the principal entrance.  |
|            | A map of the area showing where the premises is located.   |
|            | A copy of your host responsibility policy and an alcohol management plan detailing how the specific points in the policy will be implemented.  |
|            | A menu with food descriptions and prices that demonstrates the standard and style of food. A beverage list showing range and prices (alcoholic, low alcoholic and non-alcoholic).  |
|            | Provide evidence that training has been undertaken (e.g. Typsy, ServeWise, LCQ certificates). Detail what modules within the course were undertaken by the licensee or staff member. Ensure that the trainee and those trained have signed stating that the training has been completed and what date it was undertaken. State what resources were used, or plan to be used in providing on-going training for staff (e.g. HPA manager's guide, toolkit folders, host responsibility guides or Hospitality New Zealand resources.) |
|            | A report detailing the target market and how the proposed business will mitigate any risk which could negatively impact the local community – in particular nearby sensitive premises (e.g. schools, playcentres, kohanga reo, playgrounds, churches, resthomes). Also include any other information which may assist in determining your application.   |
|            | A copy of each manager's certificate and details of each manager's experience for those nominated to manage the premises – include identification details for each manager.  |
|            | Identification details: If the applicant is a company or partnership, please supply copies identification for each person.   |
|            | A letter of authorisation for an alcohol licensing consultant if they are preparing the application for you.   |
|            | The application fee which is non-refundable (refer to payment options).  |
|            |  |

The above information and the application fee must be included with your application for it to be accepted.

Please use the fee assessment table on Pages 2 and 3 to calculate your risk rating and application fee and then tick the appropriate boxes.



#### **Fees**

Application and annual fees are set by a cost/risk framework under the Sale and Supply of Alcohol (Fees) Regulations 2013.

If it is determined that your fee category should be changed any additional fee must be paid before the licence is issued.

For new applications, the application fee must be paid when the application form is submitted, and the annual fee paid before the licence is issued.

#### Tick the box that matches your fee assessment.

| Fee Category    | Application Fee | Annual Fee |
|-----------------|-----------------|------------|
| Very Low (0-2)  | \$368.00        | \$161.00   |
| Low (3-5)       | \$609.50        | \$391.00   |
| Medium (6-15)   | \$816.50        | \$632.50   |
| High (16-25)    | \$1,023.50      | \$1,035.00 |
| Very High (26+) | \$1,207.50      | \$1,437.50 |

#### **Fee Assessment**

#### (Please return this fee assessment form with your application)

Enter your points for:



Your type of on-licensed premises

| Type of on-licensed premises                               | Weighting points |
|--|------------------|
| Class 1 restaurant, night club, tavern, adult premises     | 15               |
| Class 2 restaurant, hotel, function centre                 | 10               |
| Class 3 restaurant, other premises not otherwise specified | 5                |
| BYO restaurants, theatres, cinemas, winery cellar doors    | 2                |



## Weighting

| Classes            | Definitions   |
|--------------------|---|
| Class 1 restaurant | Restaurants with a significant separate bar area which, in the opinion of the relevant TA*, operate that bar at least one night a week in the nature of a tavern, such as serving alcohol without meals to tables situated in the bar area. |
| Class 2 restaurant | Restaurants that have a separate bar (which may include a small bar area) but which, in the opinion of the relevant TA, do not operate that area in the nature of a tavern at any time.   |
| Class 3 restaurant | Restaurants that only serve alcohol to the table and do not have a separate bar area.   |





Your latest trading time

| Type premises      | Latest trading time allowed by licence (during 24 hour period from 6.00am to 6.00am | Weighting points |
|--------------------|---|------------------|
| Premises for which | 2.00am or earlier   | 0                |
| an on-licence is   | Between 2.01am and 3.00am   | 3                |
| held or sought     | Any time after 3.00am   | 5                |



## Weighting



Your number of enforcements in the last 18 months

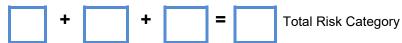
| Number of enforcements in last 18 months | Weighting points |
|--|------------------|
| None                                     | 0                |
| 1  | 10               |
| 2 or more                                | 20               |



#### Weighting

Type of premises + latest trading time + number of enforcements (add boxes P + H + E)

Tick the box in the fees section on page 2 that equals your Total Risk Category



#### **Payment Options**

Post this form to

Alcohol and Licensing Department

Kaipara District Council

Unit 5 The Hub

6 Molesworth Drive

#### Mangawhai 0505

Email: kdclicensing@kaipara.govt.nz

#### In person

Pay by cash or Eftpos at either Council Office:

Unit 5 The Hub or

32 Hokianga Road

6 Molesworth Drive

Mangawhai Village

Dargaville

# Please remember to pay by direct credit

By direct credit: Kaipara District Council 02 0308 0090743 07

Reference as: Applicants Name/New On/1401017;GL

Note: Payment of the application fee must be paid when application is lodged.

| Office Use only     | Cashier Name | Comments |
|---------------------|--------------|----------|
| Receipt Number:     |              |          |
| Receipt Amount: \$  |              |          |
| NAX Customer Number |              |          |



# Application for On-licence for premises (includes BYO Endorsed) or Conveyance licence

# Section 100 of the Sale and Supply of Alcohol Act 2012

| То      | The Secretary  |                        |                    |                        |
|---------|--|------------------------|--------------------|------------------------|
|         | Kaipara District Licensing Committee   |                        |                    |                        |
|         | Email: kdclicensing@kaipara.govt.nz  |                        |                    |                        |
| This a  | application is made in accordance with the deta  | ils set out below.     |                    |                        |
| 1.      | Details of the applicant/entity  |                        |                    |                        |
| Full le | egal name of licence holder (if a company then   | the exact name as show | wn on the certific | ate of incorporation): |
| Addre   | ess:   |                        |                    |                        |
|         |  |                        |                    | Postcode:              |
| Posta   | al address for service of documents:   |                        |                    |                        |
|         |  |                        |                    | Postcode:              |
| Email   | address (required):  |                        |                    |                        |
| Occup   | pation:  |                        | Male               | Female                 |
| Date o  | of birth:  | Place of birth:        |                    |                        |
| Daytin  | me contact name and telephone number:  |                        |                    |                        |
| Prefer  | rred mode of contact:  |                        |                    |                        |
| agains  | he applicant been convicted of any offence? St<br>st provisions of the Land Transport Act 1998 no<br>rds (Clean Slate) Act 2004 applies. |                        |                    |                        |
| Y       | Yes No   |                        |                    |                        |
| If Yes  | , what are the details of each offence?  |                        |                    |                        |
| Nature  | e of Offence   |                        |                    |                        |
| Date o  | of conviction:   |                        |                    |                        |

Penalty suffered:



| Status of applicant(s) (tick appropriate box)  |           |                     |  |        |                                |
|--|-----------|---------------------|--|--------|--------------------------------|
| ☐ Natural Person (go to Question 5)  |           |                     | Private Company (go to Question 2)             |        |                                |
| Partnership (go to Question 4)   |           |                     | ocal Authority (go to Q                        | uestic | on 6)                          |
| ☐ Public Company (go to Question 3)  |           | ] Li                | censing Trust (go to Q                         | uesti  | on 6)                          |
| Trustee (go to Question 6)   |           | _                   | overnment department<br>rown (go to Question 6 |        | ther instrument of the         |
| Board, organisation or other body to wl  | nich [    | _ M                 | anager under the Prot                          | ection | n of Personal and              |
| section 28 (1) (c) of the Act applies (go<br>Question 6)   | to        | Pi                  | roperty Rights Act 198                         | 8 (go  | to Question 6)                 |
| Full name of manager(s):   | Date of B | irth                | Certificate number(s and expiry date(s)        | 5)     | Identification type and number |
|  |           |                     |  |        |                                |
|  |           |                     |  |        |                                |
|  |           |                     |  |        |                                |
|  |           |                     |  |        |                                |
| <ol> <li>Private company details:</li> <li>Company name:</li> <li>Date of incorporation:</li> <li>Full details of each Director and the Secretary</li> </ol> |           |                     | the company incorpora                          | ated:  |                                |
| Director   |           |                     |  |        |                                |
| Name:  |           | Date                | e of birth:                                    | Plac   | e of birth:                    |
| Address:   |           |                     |  |        |                                |
| Designation:   |           | ID type and number: |  |        |                                |
| Director   |           |                     |  |        |                                |
| Name:  |           | Date                | e of birth:                                    | Plac   | e of birth:                    |
| Address:   |           |                     |  |        |                                |
| Designation:   |           | ID ty               | /pe and number:                                |        |                                |
|  |           |                     |  |        |                                |
| Secretary  |           |                     |  |        |                                |
| Name:  |           | Date                | e of birth:                                    | Plac   | e of birth:                    |
| Address:   |           |                     |  |        |                                |
| Designation:   |           | ID ty               | pe and number:                                 |        |                                |



Full details of each person who holds any shares issued by the company:

Address:

| •   |                             |                 |
|---|-----------------------------|-----------------|
| Shareholder 1   |                             |                 |
| Name:   | Date of birth:              | Place of birth: |
| Address:  |                             |                 |
| Designation:  | ID type and number:         |                 |
| Shareholder 2   |                             |                 |
| Name:   | Date of birth:              | Place of birth: |
| Address:  |                             |                 |
| Designation:  | ID type and number:         |                 |
| Shareholder 3   |                             |                 |
| Name:   | Date of birth:              | Place of birth: |
| Address:  |                             |                 |
| Designation:  | ID type and number:         |                 |
| Shareholder 4   |                             |                 |
| Name:   | Date of birth:              | Place of birth: |
| Address:  |                             |                 |
| Designation:  | ID type and number:         |                 |
| If a private company, please go to Question 6.  3. Public company details |                             |                 |
| Company name:   |                             |                 |
| Date of incorporation: Where  | was the company incorporate | ed:             |
| Full details of each Director and the Secretary as follows                | :                           |                 |
| Director  |                             |                 |
| Name:   | Date of birth:              | Place of birth: |
| Address:  |                             |                 |
| Designation:  | ID type and number:         |                 |
|   |                             |                 |
| Director  |                             |                 |
| Name:   | Date of birth:              | Place of birth: |



| Director                         |                                |                 |  |  |  |
|----------------------------------|--------------------------------|-----------------|--|--|--|
| Name:                            | Date of birth: Place of birth: |                 |  |  |  |
| Designation:                     | ID type and number:            |                 |  |  |  |
| Secretary                        |                                |                 |  |  |  |
| Name:                            | Date of birth:                 | Place of birth: |  |  |  |
| Address:                         |                                |                 |  |  |  |
| Designation: ID type and number: |                                |                 |  |  |  |
|                                  |                                |                 |  |  |  |

Full details of each person who holds 20% or more of shares or of any particular class of shares issued by the company:

| Shareholder 1 |                                |                     |  |  |  |
|---------------|--------------------------------|---------------------|--|--|--|
| Name:         | Date of birth: Place of birth: |                     |  |  |  |
| Address:      |                                |                     |  |  |  |
| Designation:  | ID type and number:            | ID type and number: |  |  |  |
| Shareholder 2 |                                |                     |  |  |  |
| Name:         | Date of birth:                 | Place of birth:     |  |  |  |
| Address:      |                                |                     |  |  |  |
| Designation:  | ID type and number:            |                     |  |  |  |
| Shareholder 3 |                                |                     |  |  |  |
| Name:         | Date of birth:                 | Place of birth:     |  |  |  |
| Address:      |                                |                     |  |  |  |
| Designation:  | ID type and number:            |                     |  |  |  |
| Shareholder 4 |                                |                     |  |  |  |
| Name:         | Date of birth:                 | Place of birth:     |  |  |  |
| Address:      |                                |                     |  |  |  |
| Designation:  | ID type and number:            |                     |  |  |  |

If a public company, please go to Question 6.



# 4. Partnership Details

Full details of each partner as follows:

| Partner 1   |                               |
|---|-------------------------------|
| Name:   | Date of birth:                |
| Address:  |                               |
| Place of birth:   | Designation:                  |
| ID type and number:   | Signature:                    |
| Partner 2   |                               |
| Name:   | Date of birth:                |
| Address:  |                               |
| Place of birth:   | Designation:                  |
| ID type and number:   | Signature:                    |
| Partner 3   |                               |
| Name:   | Date of birth:                |
| Address:  |                               |
| Place of birth:   | Designation:                  |
| ID type and number:   | Signature:                    |
| Partner 4   |                               |
| Name:   | Date of birth:                |
| Address:  |                               |
| Place of birth:   | Designation:                  |
| ID type and number:   | Signature:                    |
| If a partnership, please go to Question 6.  5. Individual's Details |                               |
| Occupation: Date  | of birth: Place of birth:     |
| If an individual, please go to Question 6.                          |                               |
| 6. Is this application for a premises or co                         | nveyance?                     |
| Premises - Go to Question 7   | Conveyance - Go to Question 8 |



# 7. Premises details Physical address of licensed premises: Trading name for premises: Is a licence sought conditional upon construction or completion of the premises? Does the applicant own the licensed premises? If No, what is the full name and address of the owner: What type of lease do you have and when does it expire? What part (if any) of the premises does the applicant intend should be designated as: Restricted area: (for those 18 years or older) Supervised area: (where minors must be accompanied by a legal guardian) 8. Conveyance details (e.g. ship, aircraft, rail, coach) Type of conveyance: Address of home base (if any): Trading name for conveyance (if any): Registration number (if any): Is a licence sought conditional upon construction or completion of the conveyance? No Does the applicant own the conveyance? If No, what is the full name and address of the owner: What type of lease do you have and when does it expire? What part (if any) of the premises does the applicant intend should be designated as: Restricted area: (for those 18 years or older) Supervised areas: (where minors must be accompanied by a legal guardian) 9. **Business details** Is there a current on licence for the premises? (e.g. a licence issued to a previous owner) If yes, please advise the name of the premises/conveyance and licence number



What is the general nature of the business to be conducted by the applicant in the premises/conveyance if the licence is granted? (For example, for premises: hotel, tavern, restaurant, entertainment /nightclub. For conveyance: transportation of passengers by ship, aircraft, rail or coach, scenic trips)? Is the sale of alcohol intended to be the principal purpose of the business? Yes No If No, what is intended to be the principal purpose of the business? 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 other than those directly related to the sale or supply of alcohol and food? Yes ☐ No If Yes, what is the nature of those other goods or services? Are you a BYO-only restaurant? Yes No If Yes, do you wish to have the licence endorsed under section 37 of the Act? Yes No No Are you a caterer? Yes Do you wish to have the licence endorsed under section 38 of the Act? On which days and during which hours does the applicant intend to sell alcohol under the licence? Day/s **Hours** 10. Conditions and Host Responsibility (please answer each question thoroughly) What steps does the applicant intend to make for the sale and supply of: Food? List **OR** attach the menu demonstrating the types and range of food that will be supplied.



| Non-alcoholic refreshments? (State what non-alcoholic refreshments will be supplied or available for purchase.   |
|--|
|  |
| Low alcohol beverages (less than 2.5% alcohol)? State what low alcohol-beverages will be supplied or available for purchase.   |
| To what extent, and where, is potable drinking water intended to be freely available to patrons?   |
|  |
| If no access to mains water, is drinking water available? State where the drinking water is available.   |
|  |
| What steps does the applicant propose to take to ensure that the requirements of the Act in relation to the sale of alcohol to prohibited persons are observed?        |
|  |
|  |
| What steps does the applicant propose to take to provide assistance with or information about alternative forms of transport from the licensed premises or conveyance? |
|  |
|  |
| What other steps does the applicant propose to take aimed at promoting the responsible consumption of alcohol?   |
|  |
|  |



| What other systems (including training) and  | staff are in place (or to be in place) for compliance with the Act? Attach |
|--|--|
| records of recent training that has been und | ertaken.   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| State the experience and training of the app | licant with regards to the sale and supply of alcohol.                     |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Signed at (place):                           | On (date):   |
| Applicant's signature:                       | Printed Name   |
|  |  |
| Signed at (place):                           | On (date):   |
| Applicant's signature:                       | Printed Name   |
|  |  |
| Signed at (place):                           | On (date):   |
| Applicant's signature:                       | Printed Name   |



#### Please remember to sign and date the application

Please note: The New Zealand Police are required by the Sale and Supply of Alcohol Act 2012 to make enquiries into the suitability of the applicant. This will involve the Police informing the District Licensing Committee of any convictions or concerns involving the applicant. Should there be any concerns the applicant will also be informed. To assist with Police reporting, the identification details must be provided by the following:

- the applicant if an individual;
- all members of the partnership; or
- the director and shareholders of the company.



#### **Declaration of Evacuation Scheme**

*Important:* This must be completed and returned with your Premises Licence Application (New and Renewal) and Special License application.

To enable the District Licensing Committee to approve your licence, your application must be accompanied by the following statement that outlines the building status in relation to having, or not having, an approved evacuation scheme filed with Fire Emergency New Zealand.

In relation to Liquor Licensing (mainly bars and clubs), the most likely criteria is that the facility is capable -through calculation in the Building Act - of holding 100 or more customers. Buildings capable of holding less than 100 people generally don't need a scheme.

If you are unsure of your occupancy numbers, consult the latest Fire Design Report for your building, the building file at Council or contact the Fire Emergency New Zealand representative listed below.

If you are a tenant in a larger building, your building may already have an approved evacuation scheme. Check with the building owner.

#### To be completed by applicant

| Liquor Licence Number: |
|------------------------|
| For premises known as: |

Street Address:

**Building Owner:** 

#### **Statement** (Tick the option that applies)

| Yes | No | Emergency New Zealand Act 2017 or the Fire Service Act 1975   |
|-----|----|---|
| Yes | No | Has a trial evacuation been completed in the building in the last six months and reported to the Fire Service? (If not your application may be opposed) |
| Yes | No | The building does not require an evacuation scheme due to either current use or nature of the building.   |
| Yes | No | We are a tenancy in a larger building with an evacuation scheme approved by the New Zealand Fire Service  |

The building has a current evacuation scheme approved under Section 76 Fire and

Note: For more information or advice, please contact:

Craig Bain Whangarei-Kaipara Area 2 12 Mansfield Terrace

Whangarei

Email: craig.bain@fireandemergency.nz

Phone: (09) 430-1256





### Important information about public notices

#### **Public Notices**

Once you have lodged your application with Council, you must place a public notice in the Kaipara Lifestyler. The first notice must be published within 20 working days of lodging the application with Council. The second notice must be published in the same newspaper, not less than 5 days not more than 10 days after the first (i.e. notify one week apart).

A full copy of the page(s) in which the newspaper advertisement has been placed, showing the dates the advertisements were placed and the newspaper the notification featured in, must be forwarded to the District Licensing Committee.

From 01 August 2023 we will be publishing all alcohol licence applications on our website. These will be available for viewing for 25 working days, after publication.



#### Form 7

(use this form for your newspaper advertisement)

#### The format for the notice(s) is as follows:

#### Public notice of application for on-licence, BYO on-licence or conveyance-licence

Section 101, Sale and Supply of Alcohol Act 2012

Full name of the licence holder

has made application to the Kaipara District Licensing Committee for the issue of a: (state kind of licence)

In respect of the premises situated at: (or the [specify kind of conveyance])

and known as

The general nature of the business conducted (or to be conducted) under the licence is: (type of business, e.g. hotel, tavern, restaurant, entertainment/nightclub)

The days on which and the hours during which alcohol is intended to be sold under the licence are: (specify days and hours)

The application may be inspected during ordinary office hours at the office of the Kaipara District Licensing Committee at The Hub, 6 Molesworth Drive, Mangawhai or 32 Hokianga Road, Dargaville.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of the publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee, Private Bag 1001, Dargaville 0340.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

(In case of publication in newspaper(s)). This is the (state whether first, second or only) publication of this notice.

(In case of second publication in newspaper(s)). This notice was first published on: (state date)

A copy from the newspaper, of each notice showing the date of the paper must be sent to the District Licensing Committee.



#### **Guide to Public Notification**

(Display this notice on the premises (whether inside or out) where it can be conveniently read by a person outside the premises)

If the building is being constructed and the public are unable to access the premises/site, contact the Alcohol Inspector prior to displaying the notice

The format for the notice(s) is as follows:

Public notice of application for on-licence, BYO on-licence or conveyance-licence Section 101, Sale and **Supply of Alcohol Act 2012** 

Full name of the licence holder

has made application to the Kaipara District Licensing Committee for the issue of a: (state kind of licence)

In respect of the premises situated at: (or the [specify kind of conveyance])

and known as

The general nature of the business to be conducted under the licence is: (type of business, e.g. hotel, tavern, restaurant, entertainment/nightclub)

The days on which and the hours during which alcohol is intended to be sold under the licence are: (specify days and hours)

The application may be inspected during ordinary office hours at the office of the Kaipara District Licensing Committee at 32 Hokianga Road, Dargaville or Unit 5, 6 Molesworth Drive, Mangawhai Village

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of the publication of this notice, file a notice in writing of the objection with the Secretary of the Kaipara District Licensing Committee at 32 Hokianga Road, Dargaville or Unit 5, 6 Molesworth Drive, Mangawhai Village or Private Bag 1001, Dargaville 0340.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

#### Section 39 Notices also to be displayed on premise

A copy of an application to which regulation 36, 37, or 38 applies must be displayed:

- (a) on the premises to which it relates, in a place (whether inside or outside the premises) where it can conveniently be read by a person outside the premises.
- (b) for at least 10 days after a copy was first published (in accordance with these regulations) in a newspaper or on an internet site.



# Public Health Questionnaire for On-licence Applications

This questionnaire helps to ensure that you, as a licensee, meet the Public Health requirements of the Sale and Supply of Alcohol Act (2012) to minimise illness, disease, injury or death caused by the inappropriate consumption of alcohol.

This questionnaire should be completed by the applicant/licensee (not a consultant) & returned with your licence application

| Yo          | ur licence application maybe delayed without the completion of this questionnaire.  |
|-------------|---|
| To complete | our files please include copies of the following when returning this questionnaire. |
|             | Current Menu (including prices)   |
|             | Host Responsibility Policy/Statement or alcohol management plan                     |
|             | Staff Training Policy   |



| Application details  |
|--|
| Who is the main contact person and their role?   |
| Contact phone number:  |
| Hours of operation:  |
|  |
| Food (attach Menu)   |
| A condition of licence is that you have food available for consumption — "at all times when the premises are authorized to be open for the sale of liquor, food of a range and style similar to that shown on any menus submitted or a range of snack foods in the nature of pies, sandwiches, filled rolls, pizzas and the like, shall be conveniently available for all patrons and the availability of those foodstuffs shall be notified to them by appropriate notices throughout the entire premises". |
| How is food availability notified throughout your premises?  |
| Where are these notices displayed?   |
| Low and non-alcoholic beverages  |
| Water, low and non-alcoholic beverages should be made available. Tap drinking water should be available free of charge.  |
| What low-alcohol beverages are provided?   |
| What non-alcoholic beverages are provided?   |
| Is plenty of drinking water available?  Yes No   |



| Staff Train  | ning   |
|--------------|--|
| -            | certified managers do you have?  |
| Do you prov  | vide training to bar staff on the Sale and Supply of Alcohol Act? Yes No                                     |
| -            | In-house training, by whom?  Courses provided by?  |
|              | u monitor the performance of staff in relation to their responsibilities under the Sale and Icohol Act 2012? |
|              | ed Patrons ures do you take to prevent intoxication on your premises?  |
|              |  |
| How do you   | u identify if a person is intoxicated?   |
| What proce   | ess do you have to deal with intoxicated patrons?  |
| Minors - 1   | The sale of alcohol to persons under the age of 18 is prohibited   |
| If you suspe | ect somebody is underage, what are the three forms of ID you can accept?                                     |
| 1            |  |
| 2            |  |



# **Amenity and Good Order**

What steps will you take to ensure your business does not impact negatively on your neighbours? e.g. noise, nuisance and vandalism?

| noise, nuisance and vandalism?                            |  |
|---|--|
| Alcohol Promotions  |  |
| Do you run alcohol promotions (e.g.: discounted drinks, l | happy hours, 2 for 1 deals)? Yes No          |
| If yes, please detail:                                    | nappy nours, 2 for 1 deals): Tes No _        |
|   |  |
| Transport   |  |
| Is a taxi service available? Yes No Is public             | c transport available? Yes No                |
| Details:  |  |
| Is a courtesy vehicle available? Yes No                   |  |
| Details:  |  |
| Signage   |  |
| Taxi/Dial-a-Driver phone number?                          | Yes No No                                    |
| No ID No Service No Exceptions                            | Yes No No                                    |
| Food, low and non-alcoholic options at all times          | Yes No No                                    |
| Intoxicated persons are not permitted on premises         | Yes No No                                    |
| Host Responsibility Policy displayed                      | Yes No No                                    |
| Smokefree Environments Act 1990                           |  |
| Since 10 December 2004, it has been an offence to permi   | it smoking in the internal areas of licensed |
| premises. The licensee is required to take all reasonable | practicable steps to prevent people smoking  |
| inside.   |  |
| Do you display NO SMOKING signage at all entrances        | Yes No No                                    |
| Do you have an outdoor smoking area?                      | Yes No No                                    |
| Is the outdoor smoking area enclosed?                     | Yes No No                                    |
| Do you sell tobacco products?                             | Yes No No                                    |



# **UNDERTAKING FROM LICENSEE**

| I (Full name),   |
|--|
| the Licensee* forPremises  |
| acknowledge that I have read and understood each of the above questions and I agree to comply with the measures outlined here throughout this next licensing period.   |
| I also acknowledge that Public Health Liquor Licensing Officer, on behalf of the Medical Officer of Health, may visit my premises, from time to time, in order to undertake a Sale and Supply of Alcohol Act 2012 compliance check.  |
| Signed: Dated:   |
| Position/Title:  |
| *In the case of a corporate this application is to be signed by the Operations Manager responsible for the premise / outlet.   |
| The submission of this Public Health Questionnaire is not complete until it has been signed either by the Licensee or Operations Manager for the premises. The information contained within this Public Health Questionnaire may be shared with other statutory agencies, including Police, LLI or ARLA, for the purpose of their enquiries. |



