



Information Sheet for Temporary Authority Order

Section 136 of the Sale and Supply of Alcohol Act 2012

Using the checklist please provide the following documents.:

	The prescribed fee of \$296.70. This fee is non-refundable.
	Completed application form.
	A copy of the sale and purchase agreement or lease agreement.
	A copy of the existing alcohol licence.
	Details of certified duty manager(s) together with a copy of their manager’s certificate, and identification for each manager.
	Identification details (if the applicant is a company or partnership, please supply identification for all shareholders/directors/partners)
	A letter of authorisation for an alcohol licensing consultant if they are preparing the application for you.

Note:

1. Failure to supply all the required documents may result in this application being returned.
2. This application must be accompanied by the prescribed fee.
3. The District Licensing Committee may require notice of this application to be given to any person or persons it may state.

Payment Options

Post this form to: Alcohol and Licensing Department
 Kaipara District Council
 Unit 5
 The Hub
 6 Molesworth Drive
 Mangawhai 0505

Email: kdlicensing@kaipara.govt.nz

Please remember to pay by direct credit when using this option.

In person: Pay by cash or Eftpos at either Council Office:
 Unit 5 or 32 Hokianga Road
 The Hub Dargaville
 6 Molesworth Drive
 Mangawhai Village

Direct Credit: Bank of New Zealand 02-0308-0090743-07
 Reference: TA/Applicants name/1401017;GL

Office Use Only	Cashier Name	Comments
Receipt Number:		
Receipt Amount \$		
NAX Customer Number:		

Form 16

To The Secretary
Kaipara District Licensing Committee
Email: kdlicensing@kaipara.govt.nz

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

1 Details of the Applicant

Please note that the applicant must be the party that will be taking the money from the business, e.g. the name of the bank account. The application must be signed by the following:

Applicant (if an individual)	Partnership (all members to sign)
Principal director/shareholder of the company.	

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

Full name(s) to be on the authority (Exact company name as shown on the certificate of incorporation or your full legal name)
Address: Postcode:
Postal address for service of documents: Postcode:
Occupation:
Email address (required):
Website:
Daytime contact name and telephone number:
Preferred mode of contact:

Identification		
NZ Drivers Licence _____ Please include your number above.	or	Passport _____ Please include your number above.
NZ Drivers Licence _____ Please include your number above.	or	Passport _____ Please include your number above.
NZ Drivers Licence _____ Please include your number above.	or	Passport _____ Please include your number above.
NZ Drivers Licence _____ Please include your number above.	or	Passport _____ Please include your number above.

2 Details of the Licence

Choose one only (separate applications are required for an On or Off Temporary Authority Order)

	On-licence		Off-licence		Licence number		Date if expiry
Current trading name:							

3 Premises details

Address:

4 Conveyance details (e.g. bus, train, boat, plane)

Type of conveyance:
Address of home base (if any):
Trading name:

5 Manager's details

Full name	Date of birth	Certificate number	Expiry date

6 Further details

What right, title, estate or interest does the applicant have (e.g. sale and purchase or lease agreement):

a). In the premises (or conveyance) to which the application relates?

b). In any business conducted in the premises (or conveyance) to which the application relates?

What date do you intend to start trading from the premises? _____

You may not trade and alcohol sales and supply until your temporary authority orders have been granted.

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?

Name:	
Address:	Postcode:
Occupation:	

7 Reason for application

What are the reasons for the application? (Purchase business etc.)

Signed at (place):	Date:
Applicant's signature:	
Applicant's name (printed):	

Please remember to sign and date the application and complete the checklist before lodging with Council.