

# APPLICATION FOR ON-LICENCE OR RENEWAL OF ON-LICENCE



## Form 3, Sections 100 and 127(2), Sale and Supply of Alcohol Act 2012

Send or deliver your application to:

The Secretary  
District Licensing Committee  
Kāpiti Coast District Council  
Private Bag 60601, Paraparaumu 5254  
175 Rimu Road, Paraparaumu 5032  
Telephone (04) 296 4700 Toll Free: 0800 486 486

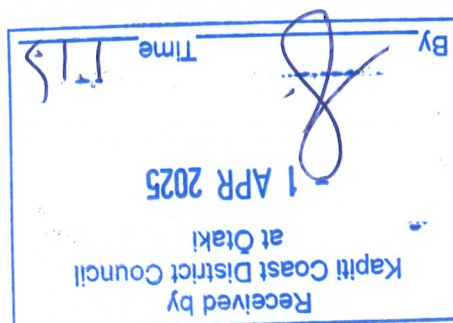
For Council use

File #

Once this application is complete you may make an appointment for a pre-lodgement meeting with a Licensing Inspector at the numbers given above.

Application forms cannot be accepted by the District Licensing Committee (DLC) over the counter until they have been signed off as complete by the Inspector and a fee category has been calculated. **Instructions on how to complete this application are attached at the back of the form.**

This application is made in accordance with the particular set out below:		
<b>1. Application Type</b>		
<input type="checkbox"/> New On-Licence	<input checked="" type="checkbox"/> Renewal of On-Licence Licence number: <u>45/01/1472/</u>	<input type="checkbox"/> Renewal of On-Licence with variation of conditions Licence number:
<b>2. Endorsements</b>		
Tick the appropriate box if you want an endorsed licence only		
<input type="checkbox"/> Allow BYO	<input type="checkbox"/> On-Licence plus Caterer's On-Licence	
<input type="checkbox"/> BYO Licence only	<input type="checkbox"/> Caterer's On-Licence only (no restaurant)	
<b>3. Details of Applicant</b>		
Full legal name or names to be on licence (if a company, must be company name): <u>Octopus Inc Ltd</u>		
Whether licence already held for premises or conveyance concerned: <input type="checkbox"/> Yes <input type="checkbox"/> No, and if 'Yes' state kind of licence		
<b>4. Applicant Status: by reference to section 28 of Sale and Supply of Alcohol Act 2012</b>		
<input type="checkbox"/> Natural person(s)	<input checked="" type="checkbox"/> Private Company	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Public Company	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (please specify).....	



<b>5. For Applicant that is a Natural Person(s):</b>		
Full legal name:		
Any aliases (and/or maiden name):		
Usual residential address: Number	Street:	
Suburb:	City:	Postcode:
Sex:	Occupation:	
Date of birth:	Place of birth:	
Telephone:	Mobile:	
Email:	Preferred mode of contact:	
<b>6. For Applicant that is a Body Corporate, Authority under which Incorporated:</b>		
<b>7. For Applicant that is <u>Not</u> a Natural Person(s), Details of Contact Person:</b>		
Name: Duane Watt.	Designation/Position: Director.	
Telephone: 06-364-0634.	Email: duane@hetele.co.nz	
Mobile: 021-022-03105.	Preferred mode of contact: Email	
<b>8. Postal Address for Service:</b>		
Number/Street/PO Box: 284	Suburb: Rangiorua Road.	
City: Otaki.	Postcode: 5512.	
<b>9. Business Details:</b>		
Describe principal business, any other businesses		
Hotel, Gaming, TAB.		
<b>10. Criminal Convictions:</b>		
Does the applicant(s) have any criminal convictions (other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004 applies). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, and if "Yes", then please provide nature of the offence, details of conviction, and penalty imposed.		
<b>11. For a Company: whether Incorporated under the Companies Act 1993 or Equivalent Foreign Legislation</b>		
Full Legal Names of Directors:		
Duane Bryson Inglis Watt		



<b>12. For a Private Company Incorporated under the Companies Act 1993:</b>		
Authorised capital: 100 Shares	Paid up capital: \$100	
Name: Duane Watt	Address: Street number 284	
Street: Rangitimu Road	Suburb:	
City: Otaki	Postcode: 5512	
Date of birth: 10-3-72	Place of birth: Hastings	
Designation: Director	Face value of shares held: \$100	
<b>13. For a Partnership:</b>		
Full legal name of partner:		
Usual residential address: Number	Street:	
Suburb:	City:	Postcode:
Full legal name of partner:		
Usual residential address: Number	Street:	
Suburb:	City:	Postcode:
<b>14. Details of Premises (if not a Conveyance)</b>		
Address: Number	Street:	
Suburb:	City:	Postcode:
Trading Name:		
<b>If not Owned by Applicant:</b>		
Tenure: (state whether to be held as leasehold, or under tenancy agreement or licence)		
Full legal name of owner:		
Address: Number	Street:	
Suburb:	City:	Postcode:
Is the licence conditional on completion of building work: <input type="checkbox"/> Yes <input type="checkbox"/> No, and if "Yes", state details:		
<b>15. Details of Conveyance</b>		
Kind: (eg, ship, railway carriage, bus, etc)		
Tenure: (state whether owned by applicant, or to be operated under charter, lease, or licence)		

<b>If not Owned by Applicant:</b>		
Full legal name of owner: <u>Octopus Inc Ltd.</u>		
Address: Number <u>284</u>	Street: <u>Rangitimu Rd.</u>	
Suburb: <u>Otaki</u>	City: <u>Otaki</u>	Postcode: <u>5512</u>
Any registration number:		
Any home base address:		
Any name used or proposed for conveyance:		
Is the licence conditional on completion of construction work: <input type="checkbox"/> Yes <input type="checkbox"/> No, and if "Yes", state details:		
<b>16. Details of Duty Manager(s)/Proposed Manager(s) <i>If more than two certified managers please attach details separately</i></b>		
Full legal name: <u>Duane Bryson Watt</u>		
Number of manager's certificate: <u>45/cert/082/2014</u>	Expiry Date: <u>30/4/2026</u>	
Full legal name: <u>Suzanne Climo</u>		
Number of manager's certificate: <u>45/Cert/483/2016</u>	Expiry Date: <u>25/9/2025</u>	
<b>17. Business Details</b>		
State the general nature of the business to be conducted by applicant in the premises if licence granted: (for example, hotel, tavern, restaurant, entertainment/nightclub)		
<u>Hotel</u>		
Is the sale of alcohol intended to be the principal purpose of business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, and advise the intended principal purpose of business (for example: sale of alcohol, sale of food; entertainment; accommodation).		
<u>Sale of Alcohol, Gaming, Tab</u>		
Is the applicant engaged, or intending to be engaged, in the sale or supply of any goods other than alcohol, non-alcoholic refreshments and food, or in the provision of any services other than those directly related to the sale or supply of alcohol and non-alcoholic refreshments, and food: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - and if "Yes", advise the nature of other goods or services. This is to assess whether other goods and services provided are compatible with the sale of alcohol.		



State the days and hours proposed for sale of alcohol (this is your current licensed hours not trading hours):

Mon - Saturday 10am - 1am.

Sunday 10am - 10pm.

Do you have an encroachment licence to consume alcohol on footpath: ☐ Yes ☒ No If 'Yes', please attach and number #.....

18. Conditions

Doc attached?  
Number.

- Write answer below or attach relevant documents that demonstrate compliance.
- When including attachments please number the hard copies, and in the first column circle 'Yes box and write the document number on '#.....'

Describe experience and training of applicant:

I have 11 years experience in the industry.

Yes ☒ No  
#.....

Describe the type and range of food intended to be available for purchase:

☒ Yes ☐ No  
#.....

Describe the type and range of non-alcoholic beverages intended to be available for purchase:

Juice.  
Free water.  
Soft Drinks

Yes ☒ No  
#.....

Describe the type and range of low-alcohol beverages intended to be available for purchase:

We have low alcohol beer,  
Wine & Juice  
Single nip in a tall glass

Yes ☒ No  
#.....

Describe to what extent, and where, drinking water is intended to be freely available to patrons (if no access to mains water supply, also advise the potability of water intended to be available):

We have a filtered water jug at the bar.

Yes ☒ No  
#.....

<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p> <p style="text-align: center;">A Strict I.D. Policy Staff are alert for intoxication.</p>	<p>Yes / <u>No</u></p> <p>#.....</p>
<p>Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):</p> <p style="text-align: center;">We have a Courtesy Van available to ensure everyone gets home safely Food Available.</p>	<p>Yes / <u>No</u></p> <p>#.....</p>
<p>Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:</p> <p style="text-align: center;">in addition to training up duty Managers We have a site induction for all staff</p>	<p>Yes / No</p> <p>#.....</p>
<p>Describe any actions that have been taken to ensure the good order and amenity of the locality would not be likely to be:</p> <ul style="list-style-type: none"> <li>reduced, by more than a minimal extent, by granting the licence; or</li> <li>increased, by more than a minimal extent, by the refusal to renew the licence.</li> </ul> <p><i>This includes issues such as noise (including amplified music, people in outdoor areas or arriving or leaving premises), the effects on sensitive users within locality such as pre-schools, schools and medical centres:</i></p> <p style="text-align: center;">We only have amplified music inside. We take people home so they are not hanging around.</p>	<p>Yes / No</p> <p>#.....</p>
<p><b>For Licence Renewal Only:</b> Describe any conditions of the licence the applicant seeks to vary or cancel: <i>To be filled in for each condition the applicant seeks to vary or cancel – attach additional pages as necessary</i></p> <p>Terms of condition at present:</p> <p>Action sought: <input type="checkbox"/> <b>Variation</b>      <input type="checkbox"/> <b>Cancellation.</b> If Variation, in what respect does the applicant seek to vary the condition?</p>	<p>Yes / No</p> <p>#.....</p> <p>#.....</p> <p>#.....</p> <p>#.....</p>



## 6. CPTED checklist for licensees and duty managers

*Licensees and duty managers can use the checklist below to regularly assess whether CPTED measures are in place.*

CPTED checklist for on- and club-licensed premises	Yes	No	N/A
<b>Bar area</b>			
Bar staff have good visibility of entire premises			Yes.
Area behind the bar is raised to improve visibility			Yes
Bar area is open with no obstructions affecting monitoring of premises			Yes.
Cash registers are front facing			Yes.
If cash registers are not front facing, mirrors are installed for monitoring customers			
Safe is out of public view			Yes.
<b>Internal layout</b>			
Premises is laid out so staff can monitor all patrons at all times			Yes.
There are no obstructions within the bar causing blind spots			NO
Where there may be blind spots, mirrors or CCTV are installed			Yes
Bar is easily approached by customers			Yes.
Customers can easily move around the premises			Yes.
Sufficient seating is provided			Yes.
Customers cannot climb on structures or fittings			NO
<b>Crowding</b>			
The premises are not overcrowded			NO
The maximum number of patrons for the premises is displayed and complied with			
<b>Lighting</b>			
Internal lighting is suitable			Yes
Lighting allows door staff to check IDs etc.			Yes.
Lighting allows staff to monitor patrons inside the premises			Yes
No areas are too dark inside the premises			NO
Internal lighting can be raised in an emergency or incident and at closing time			Yes
External lighting is suitable			Yes
External security lighting is installed			Yes.
<b>Ventilation</b>			
A ventilation system is installed			

CPTED checklist for on- and club-licensed premises (continued)	Yes	No	N/A
<b>Outdoor drinking areas</b>			
Outdoor drinking areas are monitored by bar and/or security staff			Yes
Lighting allows staff to monitor patrons			Yes
Customers can move easily around the outdoor drinking areas			Yes
Outdoor drinking areas are well defined from surrounding external environment			Yes
Pavement creep is not evident			No
Outdoor drinking areas are not overcrowded			No
A street trading licence or equivalent is held and is current			N/A
<b>CCTV</b>			
CCTV is installed			Yes
CCTV is positioned to monitor vulnerable areas			Yes
Patrons are aware of the CCTV system			Yes
Staff understand its operation			Yes
<b>Entrances and exits</b>			
Entrances and exits are visible from behind the bar area			Yes
CCTV is installed to monitor blind entrances and exits			Yes
Door staff monitor entrances and exits			Yes
Where queuing occurs outside the premises, there is sufficient space			Yes
<b>Toilets</b>			
Toilet facility entrances are visible from the bar area			Yes
Toilets are inspected regularly			Yes
<b>Staff</b>			
There are sufficient numbers of staff to ensure control of the premises			Yes
Staff are visible to patrons			Yes
Staff monitor the premises for conflict and crime			Yes
Security staff are properly trained and certified			Yes



Full reasons for variation or cancellation:	
<b>19. Attachments (if Not a Conveyance)</b>	
<ul style="list-style-type: none"> <li>When including attachments please number the hard copies, and in the first column circle 'Yes' box and write the document number on '#.....' )</li> </ul>	Doc attached? Number.
A statement, or signed declaration, regarding the premises need for an evacuation scheme, as set out in section 100(d) of the Act for new applications, or section 127(e) of the Act for renewals. A copy of the 'Evacuation of Declaration Scheme' is available on the website.	Yes / No #.....
Copy of planning consent: Please attach certificate that proposed use meets the requirements of the Resource Management Act 1991. <i>Not required for renewal unless the business activity or type has changed since the last version.</i>	Yes / <b>No</b> #.....
Copies of all relevant building certificates consents: Please attach certificates that show the premises meet the requirements of Building Code 2004. <i>Not required for renewal unless structural changes have been undertaken since the last issue or renewal.</i>	Yes / <b>No</b> #.....
A scale floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area; and the principal entrance. <i>Not required for renewal unless changes have been made since the last issue or renewal.</i>	Yes / <b>No</b> #.....
For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / <b>No</b> #.....
Advise if a Crime Prevention Through Environmental Design (CPTED) assessment has been undertaken or any improvements to the design and layout in accordance with CPTED. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, and if 'Yes' attach a copy, and if 'No' complete a CPTED checklist (see HPA and the Ministry of Justice websites for more information).	<b>Yes</b> / No #.....
Please attach a photograph or artist's impression of the exterior of the premises or proposed premises. <i>Not required for renewal unless major changes have been undertaken since the last issue or renewal.</i>	Yes / <b>No</b> #.....
Please attach a map showing the location of the premises. <i>Not required for renewal.</i>	Yes / <b>No</b> #.....
For the following documents, if they are already attached in response to a previous section you do not need to provide twice. Just circle the Yes and repeat the document number you have given it.	
Please attach a copy of your Host Responsibility Policy. <i>Not required for a renewal unless there have been significant changes since the last issue or renewal.</i>	Yes / No #.....
Please attach a copy of a sample menu. <i>Not required for a renewal unless there has been a significant change in the range and nature of the food offered since the last issue or renewal.</i>	Yes / No #.....
If the premises are owned by another party, please attach an owner's statement or copy of lease to show there is no objection from the owner to the issue of licence to this premise. <i>Not required for a renewal unless the lease or ownership arrangements have changed.</i>	Yes / <b>No</b> #.....

20. Attachments (Conveyance)		Doc attached? Number.
<ul style="list-style-type: none"> <li>When including attachments please number the hard copies, and in the first column circle 'Yes' box and write the document number on '#.....'</li> <li>For renewal applications you only need to attach copies if there have been changes from the last version you provided to the DLC</li> </ul>		
Floor plan showing each area to be designated as a supervised area or restricted area, and indicating whether supervised or restricted area. <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / <input checked="" type="radio"/> No #.....	
For body corporate applicant, copy of certificate of incorporation (or equivalent document). <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / <input checked="" type="radio"/> No #.....	
Please attach a photograph or artist's impression of the exterior of the conveyance. <i>Not required for renewal unless major changes have been undertaken since the last issue or renewal.</i>	Yes / <input checked="" type="radio"/> No #.....	
For the following documents, if they are already attached in response to a previous section you do not need to provide twice. Just circle the Yes and repeat the document number you have given it.		
Please attach a copy of your Host Responsibility Policy. <i>Not required for a renewal unless there have been significant changes since the last issue or renewal.</i>	Yes / <input checked="" type="radio"/> No #.....	
Please attach a copy of a sample menu. <i>Not required for a renewal unless there has been a significant change in the range and nature of the food offered since the last issue or renewal.</i>	<input checked="" type="radio"/> Yes / No #.....	
If the conveyance is owned by another party, please attach an owner's statement or copy of lease to show there is no objection from the owner to the issue of licence to this conveyance. <i>Not required for a renewal unless the previous lease has expired.</i>	Yes / <input checked="" type="radio"/> No #.....	
21. Further Details where Applicant is a Company		
Include full details of each person who holds 20% or more of the shares, or of any particular class of shares, issued by the company.		
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Designation:	
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Designation:	
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Designation:	
Are additional sheets attached? Yes / No - Doc number #.....		

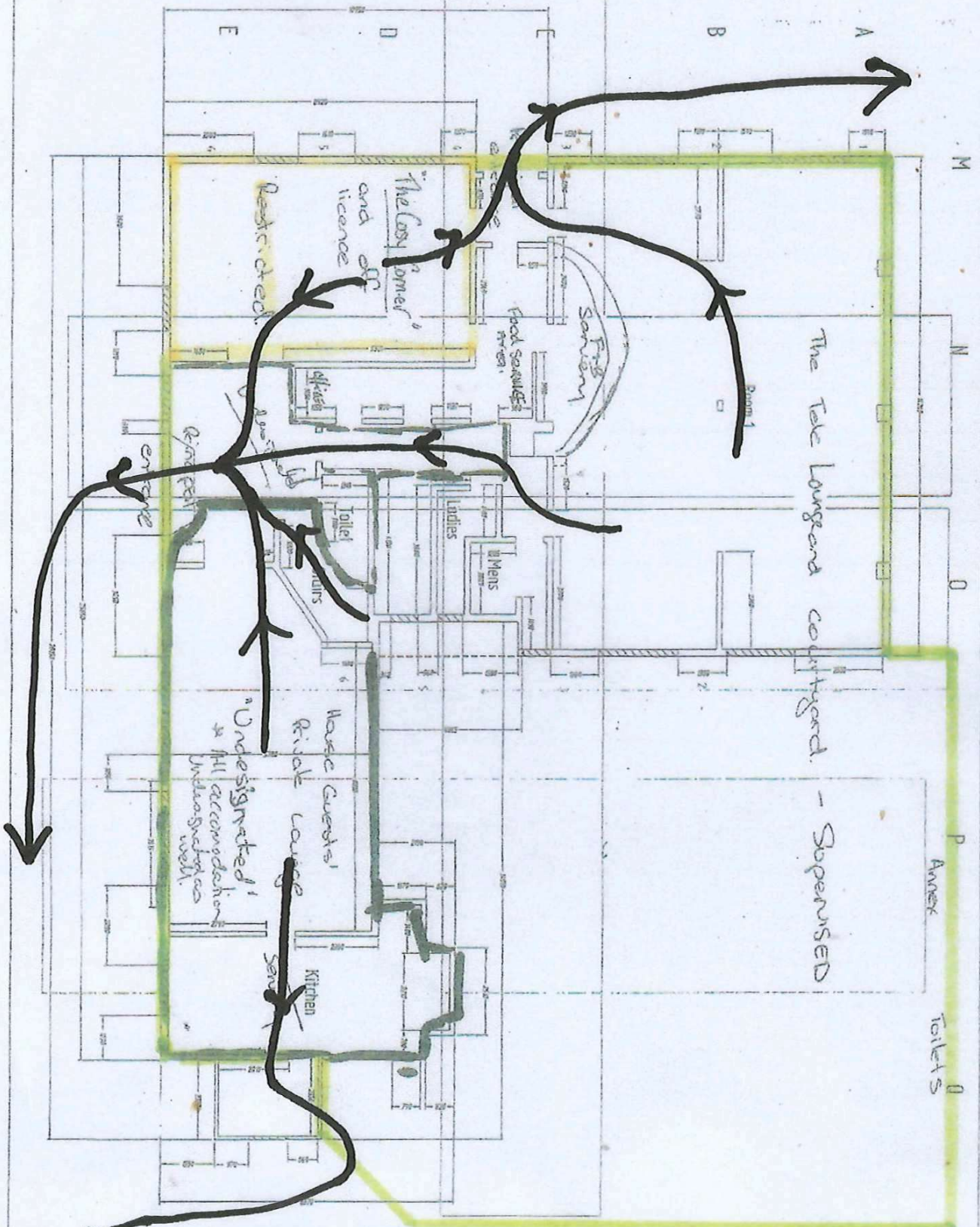




## MENU

	Toasties	_____	\$7
	Pork Pie	_____	\$12
	Rice Cakes	_____	\$7
	Tuna	_____	\$7
	Beef Jerky	_____	\$7
	Chorizos	_____	\$7
	Pizza	_____	\$12
	Lasagna	_____	\$7

# FIRE EXITS AND DIRECTIONS OF TRAVEL





# Fire Evacuation Statement

*This statement must be accompanied with all new or renewal applications for on-licence (including BYO licences), off-licence, special and club licences in accordance with section 100 and 127 of the Sale and Supply of Alcohol Act 2012.*

## 1. Applicant details

Premises name:

Telegraph Hotel

Applicants name:  
(Individual or Company)

Octopus Inc Ltd.

Premises address:

284 Ranginui Rd  
Otaki 5812

Contact phone:

Home:

Mobile: 02102205105

Contact email:

dvane@telekane

## 2. Fire evacuation scheme

Most commonly a building requires an evacuation scheme because it is used for the following purposes:

- The gathering together, for **any purpose of 100 or more persons**:
- Providing **employment facilities for 10 or more persons**:
- Providing **accommodation for more than 5 persons** (other than in 3 or fewer household units):
- **Storing or processing hazardous substances in quantities exceeding the minimum amounts** prescribed in Schedule 3 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018.

**See Fire and Emergency New Zealand Act 2017 section 75 and 76 for further information.**

*If you are unsure that the building has or requires an approved evacuation scheme, check with the **building owner**. For the requirements of an evacuation scheme or to apply for an evacuation scheme, refer to Fire and Emergency New Zealand web site. **[www.fireandemergency.nz](http://www.fireandemergency.nz)** or Contact Fire and Emergency New Zealand, **[wellingtondistrict-rteams@fireandemergency.nz](mailto:wellingtondistrict-rteams@fireandemergency.nz)**.*

## Statement

I hereby state that (tick one):

☒ the **owner** of the building in which the premises are situated provides and maintains an evacuation scheme as required by section 76 of the Fire and Emergency New Zealand Act 2017;

OR

☐ because of the building's current use, its owner is not required to provide and maintain such a scheme;

OR

☐ because of the nature of the building, its owner is exempt from the requirement to provide and maintain such a scheme.

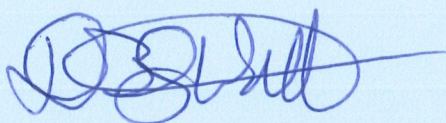
### NOTE:

*If an approved evacuation scheme is not required, the building must have evacuation procedures that meet Part 1 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018 – this does not require approval by Fire and Emergency New Zealand.*

Name:

Deane Wair

Signature:



Date:

1/4/25

## Submitting applications

Email completed forms to: [licence.application@kapiticoast.govt.nz](mailto:licence.application@kapiticoast.govt.nz)

### Post to:

Alcohol Licensing Team  
Kāpiti Coast District Council  
Private Bag 60601  
Paraparaumu 5254

### or deliver to:

Kāpiti Coast District Council  
175 Rimu Road  
Paraparaumu



**22. Further Details where Applicant is a Partnership**

Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Date:	Signature:
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Date:	Signature:
Name:	Address:	
Suburb:	City:	
Postcode:	Date of birth:	
Place of birth:	Date:	Signature:

Are additional sheets attached? Yes / No - Doc number #.....

**23. Signature of Applicant (this must be signed by applicant not their agent):**

**I authorise New Zealand Police to disclose any personal information it considers relevant to my application to the Medical Officer of Health and/or the Licensing Inspector for the purpose of assessing my suitability.**

Name: Duane Bryson Inglis Watt.

Date: 1/4/25

Signature: 

Dated at location:

**Privacy Statement**

Information contained in your application and any supporting information will be held by Kapiti Coast District Council to enable your application to be processed under the Sale and Supply of Alcohol Act 2012. This information will be made available to the public on request. The information will be provided to the Kapiti Coast District Licensing Committee, the NZ Police, the Medical Officer of Health and Council's Licensing Inspectors. This information may form part of a public hearing of your application before the Kapiti Coast District Licensing Committee and may be used in the Committee's decision for your application. Decisions will be made publically available.

Council is required to keep a statutory register of all applications and the District Licensing Committee's decisions on them. Council is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority. Any member of the public may request access to this information under the Local Government Official Information and Meetings Act 1987. This information may also be used under the Privacy Act 1993. You have the right to see and correct personal information that Council holds about you.

**Method of payment (must be made at time of application)**

- ☒ I have paid at a Kāpiti Coast District Council Service Centre when I delivered this application.
- ☐ I have paid by electronic transfer (Council Bank Account Number: 03-0732-0306101-00) and quoted my name and "alcohol" in the reference fields; and
- ☐ I have included proof of electronic payment with this application.
- ☐ I have enclosed a cheque with this form.

**How I would like to receive my alcohol licence (please select one only)**

- ☐ I will collect my alcohol licence – please contact me when it is ready by ☐ Phone or ☐ Email
- OR
- ☐ Please post my alcohol licence to me.

**Next Step:** Once your application is complete, if you would like to make an appointment for an optional pre-lodgement meeting with the Licensing Inspector then please Telephone (04) 296 4700 or Toll Free: 0800 486 486.

- 1 This form must be accompanied by the prescribed fee.
- 2 This form must be accompanied by the required attachments (refer Points 19 or 20).
- 3 Within 20 working days after filing your application with the District Licensing Committee (or 10 working days if it is an application for renewal), the application must be publically notified. The public notice template will be provided on receipt of your application by the Alcohol Licensing Team.

**For Office Use: Application Fee Risk Categories**

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Very Low | <input type="checkbox"/> High      |
| <input type="checkbox"/> Low      | <input type="checkbox"/> Very High |
| <input type="checkbox"/> Medium   |                                    |

Application Fee Payable: \$ \_\_\_\_\_ Signature of Licensing Inspector \_\_\_\_\_

Name of Licensing Inspector \_\_\_\_\_ Date: \_\_\_\_\_