APPLICATION FOR ON-LICENCE OR

RENEWAL OF ON-LICENCE



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

Kāpiti Coast District Counci For Council use Send or deliver your application to: at Paraparaumu The Secretary File # **District Licensing Committee** 2 2 NOV 2024 Kāpiti Coast District Council Private Bag 60601, Paraparaumu 5254 175 Rimu Road, Paraparaumu 5032 mes Time 12532 Telephone (04) 296 4700 Toll Free: 0800 486 486

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

Received by

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:			
1. Application Type			
□ New On-Licence	Renewal of On-Licence Licence number: 45 0 d 625 2022	☐ Renewal of On-Licence with variation of conditions Licence number:	
2. Endorsements			
Tick the appropriate box	if you want an endorsed licence only		
☐ Allow BYO	☑ On-Licence	plus Caterer's On-Licence	
☐ BYO Licence only	☐ Caterer's C	n-Licence only (no restaurant)	
3. Details of Applicant			
Full legal name or names to	o be on licence (if a company, must be compan	y name):	
OLIVE GROJE	OLIVE GROJE CAPE & GIFTS & LAD		
Whether licence already held for premises or conveyance concerned: Yes \(\sigma\) No, and if 'Yes' state kind of licence			
od Licence			
4. Applicant Status: by r	reference to section 28 of Sale and Supply of Al	cohol Act 2012	
☐ Natural person(s)	\square	Private Company	
II		*	
☐ Body Corporate		Public Company	

5. For Applicant that is a Natural Person(s):		
Full legal name: FLER HEAZUE	M000	
Any aliases (and/or maiden name):		
Usual residential address: Number 164	Street: SETTLEMENT ROAG	
Suburb: TE HO20	City: KAPITI	Postcode: 5582
Sex: FEMALE	Occupation: OWNER OPERATE	ol.
Date of birth: 04 - 10 - 1968	Place of birth: Lovick Hutt	
Telephone: 04 90 22562	Mobile: 021 1725283	
Email: plivegroveca de @xtra.	20.03 Preferred n	node of contact: PHONE
6. For Applicant that is a Body Corporate, Authority		
		an posicion de la constante de
7. For Applicant that is Not a Natural Person(s), Del	tails of Contact Person:	
Name:	Designation/Position:	
Telephone:	Email:	ober 1 kilosom og måndi og 100 sekratet 500 delaka i fragt i vid meddelak i 100 sekratet 100 sekratet 100 sekr
Mobile:	Preferred mode of contact:	
8. Postal Address for Service:		
Number/Street/PO Box:	Suburb:	
City:	Postcode:	
9. Business Details:		
Describe principal business, any other businesses	CAFE	
	and an included the control of the c	an shahada an an an san an a
10. Criminal Convictions:	N. P. B. B. S. S. S. S. S. F. F. F.	ha kand Transaari Ast 1000
Does the applicant(s) have any criminal convictions (of	her than convictions for offences against provisions of the inal Records (Clean Slate) Act 2004 applies). Yes	E No, and if "Yes", then
please provide nature of the offence, details of convicting	on, and penalty imposed.	
A. F. O	Companies Act 1993 or Equivalent Foreign Legislation	
11. For a Company: whether incorporated under the	1Las 7 (F. NO 00	
Full Legal Names of Directors: FLEUR SIMON HENZLEW	HONZUENOS	
Simon HOAZLEW	Ced	

12. For a Private Company Incorporated under the Companies Act 1993:				
Authorised capital:		Paid up capital:		
Name:		Address: Street number		
Street:		Suburb:	manusus salah sigili 1800 (SA AA SI dida si Sagarapay wan ka ili da si Sagarapay ya ga salah si da si Sagarapay	
City:		Postcode:		ng ka
Date of birth:		Place of birth:		ago makiloka di risi popuma matiki kirin di 400 likologi di artikoto toro ya puma makiloka di 1000 meta di 1000 kirin s
Designation:	egenoure en contro	Face value of shares held:		
13. For a Partnership:				
Full legal name of partner:				his hours hours of 1000 to the process of the second of the principal and the first of the principal and the principal a
Usual residential address: Number	Str	reel:		gas accompany of the second state of the secon
Suburb:	Cit	ty.		Postcode:
Full legal name of partner:				
Usual residential address: Number	Str	reet:	00000000000000000000000000000000000000	gate (Constitution in Land Constitution (Constitution Constitution Constitution Constitution Constitution Cons
Suburb:	Cit	ty:		Postcode:
14. Details of Premises (if not a Conveyance)				
Address: Number 16	Str	reet: MAHARA	Puc	
Suburb: WAIVANAE	Cit	ing KARITI		Postcode: 503k
Trading Name: DINE GROVE		Mr. KARITI		
If not Owned by Applicant:				
Tenure: (state whether to be held as leasehold, or under	r tena	ancy agreement or licence)		
Full legal name of owner: FREEMAS:	12	`		
Address: Number 16 WAHNER	St	treet: MAHARA	PLACE	
Suburb: WAIKANAPE	Ci	ity: KAPITI		Postcode: \$036
Is the licence conditional on completion of building work: Yes No, and if "Yes", state details:				
15. Details of Conveyance			and the second s	
Kind: (eg, ship, railway carriage, bus, etc)				
Tenure: (state whether owned by applicant, or to be operated under charter, lease, or licence)				

If not Owned by Annihoust				
If not Owned by Applicant:				
Full legal name of owner:		regional and should be \$1,000 for more field and \$1,000 significant results from the company which all the company significant regions are company and the company of the c	and the state of t	
Address: Number	Street:		Buttanda	
Suburb:	City:	anne en	Postcode:	
Any registration number:		and the grown was find a high contract production of the contract contract		
Any home base address:				
Any name used or proposed for conveyance:				
Is the licence conditional on completion of construction v	rork: Yes No, and if "Yes", st	ate details:		
		•		
16. Details of Duty Manager(s)/Proposed Manager(s	If more than two certified manage	rs please attach details	separately .	
Full legal name: Bagylvivi		Expiry Date: 25	5/2025	
Number of manager's certificate: 45/CCRT	•	Annual and the second s	yesisheki isresi orang olomper ya ya ya kina kananda kilikanika Aument Brasselin Adalekia wa Banaselin Adalekia	
Full legal name: FLEUR HE	HSTEMOOR			
Number of manager's certificate: 45 CORT Expiry Date:				
17. Business Details				
State the general nature of the business to be conducted restaurant, entertainment/nightclub)	d by applicant in the premises if lice	nce granted: (for examp	vie, hotel, tavern,	
restaurant, entertainment/migriculu) C/AFE				
		igiciano descrizio espera o manera, in le all'Antenimentale relativos disclosis este esperancia del accidistra	and have been also also the second and the second a	
Is the sale of alcohol intended to be the principal purpo- business (for example: sale of alcohol, sale of food; ent	se of business: Yes No, and	advise the intended pr	incipal purpose of	
Sale Of Food	Commenced, Cooperation of the State of the S			
UALLE UF FOOD				
		namen finds i illustrate language privide i dependent spinnen di illustrate propi nemen and visit i interessione privide del del del del del del del del del d		
Is the applicant engaged, or intending to be engaged, if	n the sale or supply of any goods oth e directly related to the sale or supp	ner than alcohol, non-al ly of alcohol and non-al	coholic refreshments and coholic 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: X Yes 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.				
ART				
			ě	

1. 30 pm Till 3.30pm Worl Buri And	-
Monday to Sunday 8am to 12 Midnight	
Do you have an encroachment licence to consume alcohol on footpath: ☑ Yes □ No If 'Yes', please attach and num	ber # N/A
 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 '#' 	Doc attached? Number.
Describe experience and training of applicant: 17 YEAVES AS OWN DE OPERATOR RECOMPLETED LEO BRUDGENG TEST 3/9/2015	Yes / No #\
Describe the type and range of food intended to be available for purchase: MENU - BREAKFAST ITENS CABINET	Yes / No
Describe the type and range of non-alcoholic beverages intended to be available for purchase: Coffee, Coke Range, OJ, Texa. MINNESHAKES, FRAPPEE	Yes / No #3
Describe the type and range of low-alcohol beverages inlended to be available for purchase: EYPORT CITRUS 2.5% HEINEKIN WAITT 2.5% LITTLE BIRD 0 0/0	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): BIG BWE P GRASSES AVAILABLE	Yes / No #5

Conditions contd-	Conditions conta
Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people: HOST RESPONDENTIAL. STAFF TRAINING ON AGE, MINORS & WARNING SIGNS OF INTERTIONATION,	#O
Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices): PROMOTE LOW OR NO ALCOHOL PLTORIATIVES. PROMOTE LOW OR NO ENTRY TO INTERICATION CUSTOMI REFUSE SERVICE OR ENTRY TO INTERICATION BOURAGES PROMOTE FOOD & NO OR LOW ALCOLHER BOURAGES	
Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act: TRAINING TO SIGNS OF INTOXICATION ALCOUNTY PROJECT FOOD & WATER, OR LOW ALCOUNTY SIGNAGE INJOLUE MANAGEMENT	(res)/ No #8.44
Describe any actions that have been taken to ensure the good order and amenity of the locality would not be likely to be: • reduced, by more than a minimal extent, by granting the licence; or • increased, by more than a minimal extent, by the refusal to renew the licence. 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: - LIMITAR FUNCTIONS IN THE EVENTY !8 - NIA NO SCHOOLS, PRE Sentous, MEDICAL CHARLE ARCHOSE THE ROAD, THEY HAVE NEWLY BEEN AFFECTED AS WE ONLY DO DNOOR CHARLEATON CIROLE FONCTIONS:	Yes (No)
For Licence Renewal Only: Describe any conditions of the licence the applicant seeks to vary or cancel: To be filled in for each condition the applicant seeks to vary or cancel – attach additional pages as necessary Terms of condition at present: Action sought: Variation Cancellation. If Variation, in what respect does the applicant seek to vary the condition?	##

Full reasons for variation or cancellation:	
	Doc attached?
19. Attachments (if Not a Conveyance)	Number.
When including attachments please number the hard copies, and in the first column circle 'Yes box and write the document number on '#')	
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 #2
Copy of planning consent: Please attach certificate that proposed use meets the requirements of the Resource Management Act 1991. Not required for renewal unless the business activity or type has changed since the last version.	Yes //No #
Copies of all relevant building certificates consents: Please attach certificates that show the premises meet the requirements of Building Code 2004. Not required for renewal unless structural changes have been undertaken since the last issue or renewal.	(Yes)/ No #.1.3
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. Not required for renewal unless changes have been made since the last issue or renewal.	Yes / No #
For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). Not required for renewal unless changes have occurred since the last issue or renewal.	Yes / (No #
Advise if a Crime Prevention Through Environmental Design (CPTED) assessment has been undertaken or any	Yes (No
improvements to the design and layout in accordance with CPTED. Yes 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).	#
Please attach a photograph or artist's impression of the exterior of the premises or proposed premises. Not required for renewal unless major changes have been undertaken since the last issue or renewal.	Yes (No
Please attach a map showing the location of the premises. Not required for renewal.	Yes /(No #
For the following documents, if they are already attached in response to a previous section you do not need to provid Just circle the Yes and repeat the document number you have given it.	le twice.
Please attach a copy of your Host Responsibility Policy. Not required for a renewal unless there have been significant changes since the last issue or renewal.	(Yes) / No #b
Please attach a copy of a sample menu. 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.	(Yes)/ No #2
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. Not required for a renewal unless the lease or ownership arrangements have changed.	Yes /(No #

Attachments (Conveyance)		Doc attached? Number.	
When including attachments please number the Yes box and write the document number on ' #	‡)		
For renewal applications you only need to attach the last version you provided to the DLC	ch copies if there have been changes from		
oor plan showing each area to be designated as a sup pervised or restricted area. Not required for renewal to newal.	ervised area or restricted area, and indicating whether unless changes have occurred since the last issue or	Yes (No)	
or body corporate applicant, copy of certificate of incorporate unless changes have occurred since the last issue	poration (or equivalent document). Not required for sue or renewal.	Yes / 100	
ease attach a photograph or artist's impression of the eless major changes have been undertaken since the	exterior of the conveyance. Not required for renewal last issue or renewal.	Yes / No	
or the following documents, if they are already attache ust circle the Yes and repeat the document number yo	d in response to a previous section you do not need to prov u have given it.	ide twice.	
lease attach a copy of your Host Responsibility Policy. ignificant changes since the last issue or renewal.		Yes / No	
Please attach a copy of a sample menu. 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. **The range and nature of the food offered since the last issue or renewal.**			
i the conveyance is owned by another party, please at to objection from the owner to the issue of licence to the previous lease has expired.	tach an owner's statement or copy of lease to show there is nis conveyance. Not required for a renewal unless the	Yes / No #	
21 Further Details where Applicant is a Company			
nclude full details of each person who holds 20% or m	ore of the shares, or of any particular class of shares, issue	d by the company.	
lame:	Address:	COMMITTED TO THE PROPERTY OF T	
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:		

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:	Date of birth:		
Place of birth:	Date:	Signature:		
Are additional sheets attached? Yes / No - Doc number	#excession conservation of the conservation of			
23. Signature of Applicant (this must be signed by applican	A STATE OF THE PARTY OF THE PAR			
I authorise New Zealand Police to disclose any pers Medical Officer of Health and/or the Licensing Inspe	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: YHOREAND FLEUR +				
Date: 20 11 2024 Signature: Hoog coce				
Dated at location: 20 11 2024				
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 a	t time of application)	
I have paid at a Kāpiti Coast Distr	ict Council Service Centre when I delivered this application.	
☐ I have paid by electronic transfer "alcohol" in the reference fields; a	(Council Bank Account Number: 03-0732-0306101-00) and quoted my name and	
 I have included proof of elect 	tronic payment with this application.	
☐ I have enclosed a cheque with th	is form.	
How I would like to receive my alcol	nol licence (please select <u>one</u> 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	o me.	
Licensing Inspector then please Telephone (04) 296 4700 or Toll Free: 0800 486 486. This form must be accompanied by the prescribed fee. This form must be accompanied by the required attachments (refer Points 19 or 20). 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	
□ Very Low	☐ High	
□ Low	☐ Very High	
☐ Medium		
Application Fee Payable: \$	Signature of Licensing Inspector	
Name of Licensing Inspector		

Guidance for Completing On-Licence Application Form

Background

The object of the Sale and Supply of Alcohol Act 2012 is that the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.

It is a legal requirement of the Sale and Supply of Alcohol Act 2012 that you must have a licence before you can sell or supply alcohol.

Before lodging application

Once this application is complete then you must ring and make an appointment for a pre-lodgement meeting with the Licensing Inspector. Please Telephone (04) 296 4700 or Toll Free: 0800 486 486. The application form cannot be accepted by the DLC over the counter until it has been signed off as complete by the Inspector and a fee category has been calculated.

If your application is regarding a 'premise - not a conveyance', you should also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council. A 'conveyance' means an aircraft, coach, ferry, hovercraft, ship, train, or other vehicle, used to transport people.

Cor	npleting your application	Who should complete which fields
1	Type of Application	All applicants to complete.
2	Endorsements	Only complete if seeking an endorsement for BYO or Caterer. This is for restaurants who only allow BYO and caterers who only cater.
3	Details of Applicant	All applicants to complete. If a company receives profits then apply in company name.
4	Applicant Status	All applicants to complete
5	For Applicant that is Natural Person(s)	Only complete if applicant is a natural person. A natural person is an individual. Complete all sections.
6	For Applicant that is Body Corporate	Only complete if applicant is a body corporate.
7	For Applicant that is <u>not</u> a Natural Person(s)	Only complete if applicant is a body corporate, partnership, private company or public company. Complete all sections.
8	Postal Address for Service	All applicants to complete.
9	Business Details	What is your principal business? For example restaurant/ entertainment centre/sale of alcohol (ie tavern).
10	Criminal Convictions	All applicants to complete.
11	For a Company full legal names of directors	Only complete if applicant is a public or private company.
12	For a Private Company	Only complete if applicant is a private company incorporated under the Companies Act 1983.
13	For a Partnership	Only complete if applicant is a partnership.
14	Details of Premises (if not a conveyance)	All applicants must complete either 14 or 15. A 'conveyance' is a premise which is used to transport people such as a aircraft, coach, ferry, hovercraft, ship, train, or other vehicle.
15	Details of Conveyance	A 'premise - not a conveyance', is any other type of premise for which y are seeking a Licence.

16	Details of Duty Manager(s)/Proposed Managers	All applicants to complete. If more than 2 please attach details separately.
17	Business Details	All applicants to complete.
18	Conditions	All applicants to complete.
19	Attachments (if not a conveyance)	All applicants must complete either 19 or 20 (see 14/15).
20	Attachments (conveyance)	Las abburentes mass assubses a second
21	Further Details where Applicant is a Company	Only complete if private or public company.
22	Further Details where Applicant is a Partnership	Only complete if a partnership.
23	Signature of Applicant	All applicants to complete.

After your Application is Lodged

Public Notices

You are responsible for giving notice in the Kapiti Observer or Kapiti News within 20 working days of the Council formally accepting your application (or 10 working days if it is an application for renewal) and the Council will sent you a template to complete this, along with further information. Unless notified otherwise by a Licensing Inspector, the notice must be published twice and there must not be less than five days and not more than 10 days between the two dates of publication. The notices must be worded according to Form 7 (and in compliance with regulations 36, 37 and 38 of the Sale and Supply of Alcohol Regulations 2013). A Form 7 notice must also be displayed in a conspicuous place on the premises or conveyance to which this application relates for 10 days from the first newspaper notification.

NAME: - DUTY MANAGERS.
KATHREEN PROVEN:

NUMBER: 45 | CERT | 325 | 2015.

EXPRY DATE : 28/10/2



Completion Certificate

This is to certify that

Fleur Paige

has successfully completed the

Licence Controller Qualification Bridging Test

on

03 September 2015

This certificate is awarded in recognition of the recipient completing the LCQ Bridging Test, which covers the Sale and Supply of Alcohol Act (2012) for holders of an LCQ Certificate awarded under the repealed Sale of Liquor Act (1989). This certificate does not replace the Licence Controller Qualification (LCQ) or verify the completion of NZQA unit standards. The Completion Certificate should be presented along with a corresponding LCQ Certificate for the application of the Manager's Certificate.

Certificate No: 5301

Dean Minchington Chief Executive Officer ServicelQ (Service Skills Institute)



ULIVE WILUVE LUNCH BREAKFAST

TOAST AND SPREADS. \$8-50

GRANOLA

\$ 16-00

BELGIAN WAFFLES \$19-00

BACON BUTTLE \$ 9-00

EGGS ON TOAST \$ 12-00

ADD BACON -+ \$5.50

EGGS BENEDICT \$20-00

FULL BREAKFAST \$24.00

HASH STACK

4 25-00

\$ 22-00 \$22-00

SMASHED AVO \$22-00

STEAK, EGGS, CHIPS \$ 24-00

BEEF BURGER & FRIES \$24-00

OPEN CHICKEN SAMMIE \$23-50

SCALLOPS

\$22-00

WEDGES

\$ 17-50

ADD SOUR CREAM - \$2-00

FRIES W AIOLI

\$7-50 HALF BOWL \$5-50

KUMARA FRIES W AIOLI

\$ 8-50 \$ 6-50

PASTA OF THE DAY \$18-50

SOUP OF THE DAY \$14-50



N#

COLD DRINKS Smoothies \$85 GREEN BERRY

BRNANA - MANGO

rappes \$7.50

BANANA - SUMMER BERRES MANGO - COFFEE

TROPICAL · CHOCOLATE

APPLE - FELJOR . MOCHA

NUN-DAIRY FRAPPES AVAILABLE

Shakes \$7.50

· CHOCOLATE · SPEARMINT

· LIME STRAWBERRY
· BANANA
· VANILLA

CARAMEL



More







ORGANIC COFFEE

FLAT WHITE LATTE CAPPUCCINO MOCCACCINO HOT CHOCOLATE VIENNA

PICCOLO SHORT BLACK LONG BLACK AMERICANO MACCHIATO

TUMERIC LATTE LEMON, HONEY, GINGER HOT BLACKCURRANT SPILED CHAI LATTE VANILLA CHAI LATTE

REG \$ 550

BOUL \$ 7-40

REG \$ 6-10 LEG \$ 7-00 LRG \$6-40

JUMBO \$ 8-00 SYRUPS - \$1-00

A00 REG \$ -60 LRG \$ - 60

REG 15-50 LRG \$ 6-40 PEACH TEA 6-50 HOT OR COLD 16-50 REC 15-50

18-00 LRG \$6.40

KIDS FLUFFY

\$3-50

VANILLA - CARAMEL HAZELNUT WHITE CHOC

ALTERNATIVE | +\$1-00 MILKS SOY ALMOND - COCONUT - OAT

-DECAF - \$1-00 - RUNNY CREAM \$1

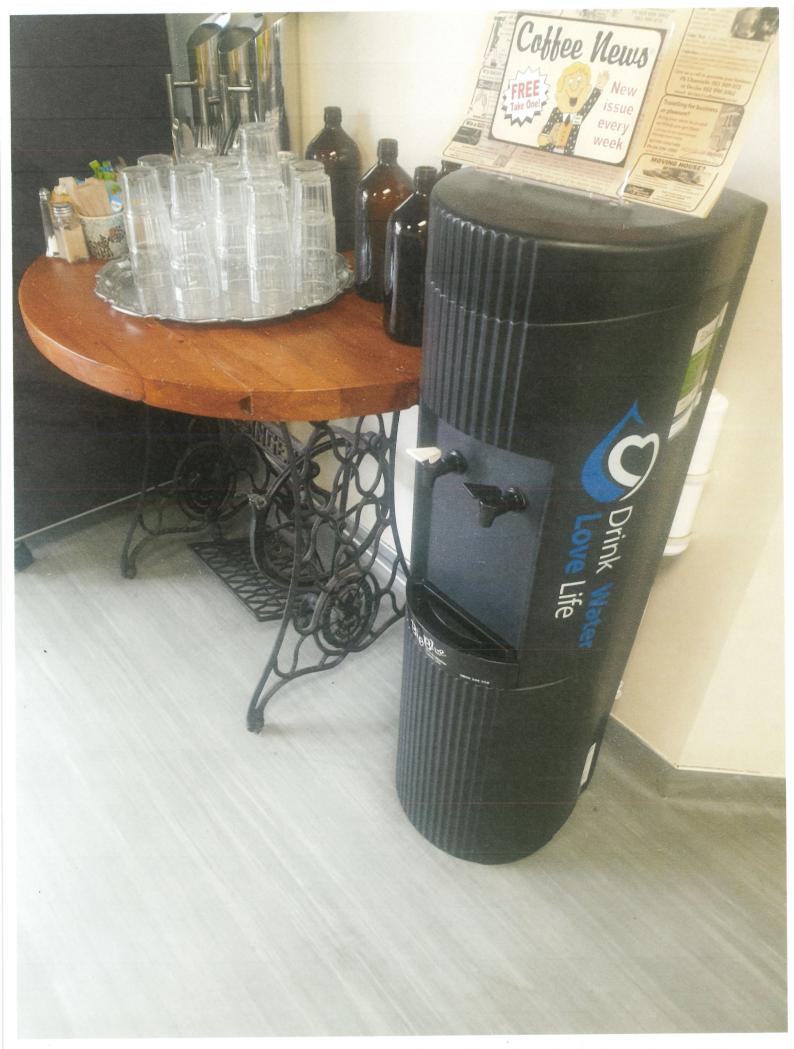
DATEA MILK \$1-00 HOT OR COLD







4 #7



HOST RESPONSIBILITY STATEMENT OF INTENT

...management & staff welcome you

We wish to ensure that all our customers enjoy themselves and encourage responsible drinking practices.

- Those under 18 years old will not be served alcohol,
 please do not be offended if identification is required
- Low or no alcohol beer is available
- We offer a range of fruit juices , non alcohol and hot beverages
- Intoxicated persons will be askes to leave the premises
- Food is available during opening hours
- This is a non-smoking environment, tables & chairs
- We will dail a Taxi or drive 4 U for your convenience

Please be our guest and take advantage of our hospitality. We will endeavor to make your stay a pleasant one.

Anzac Day

authorised to

Gifts, to any

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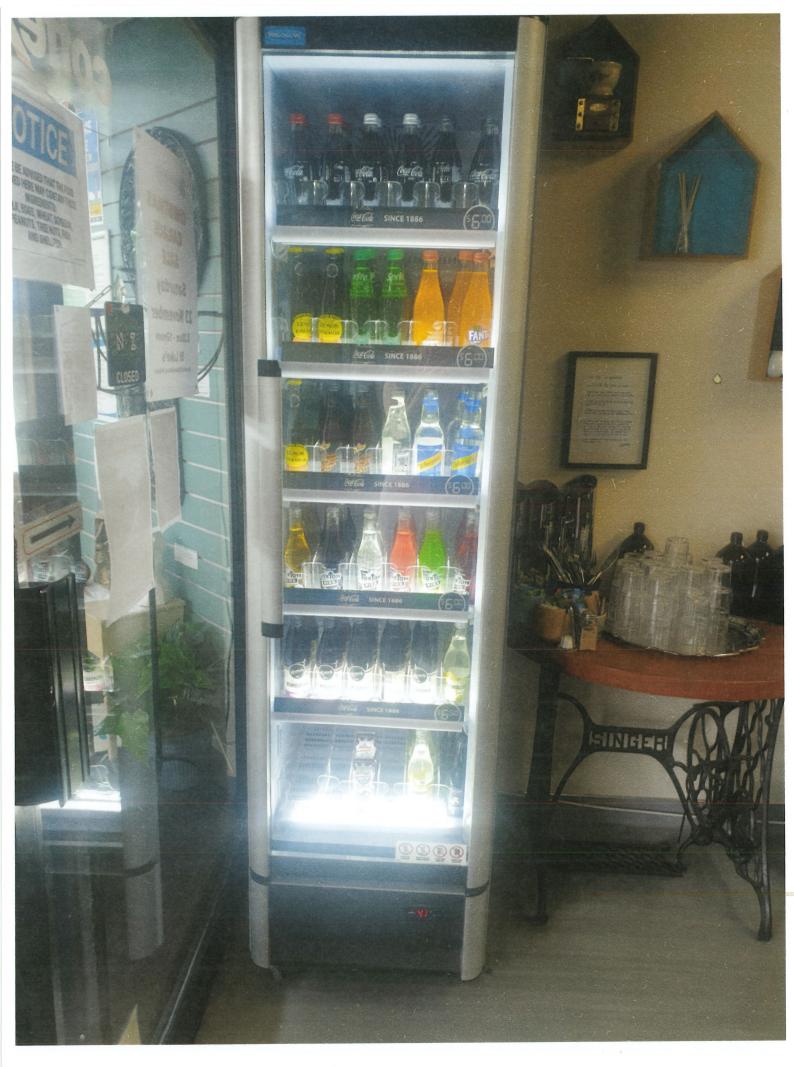
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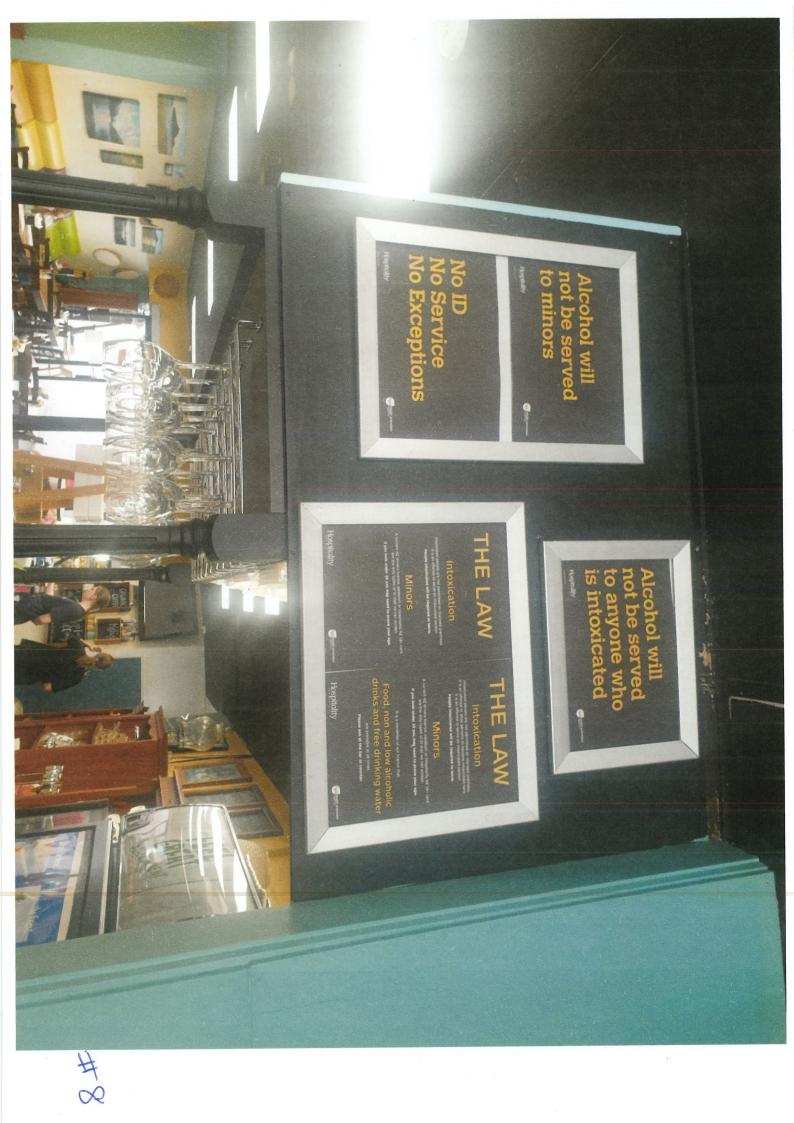
e plan date

suspension





#3





BUILDING WARRANT OF FITNESS

Form 12, in accordance with Section 108 of the Building Act

	BUILDING		
Street Address of Building: 16 Mahara Place, WAIKANAE	Compliance Schedule:		OF Expiry Date: December 2021
Legal Description: LOT 5 DP 40607	Fire Hazard Category: 2		
Level/Unit Number: Two Levels,	Current, Lawfully Established Use: Cafe and Club		
Building Name: 16 Mahara Place	Year First Constructed: 1	1976	Purpose Group: WL, CS
OWNER	AGENT		
Name of Owner: Kapiti Freemasons Centre Ltd	Name of Agent: CoveKinloch Compliance Ltd		
	Contact Person: Tracey Smith - Compliance Manager		
Mailing Address: 100 Milne Drive, Midlands, PARAPARAUMU	Street Address/Registered Office: C/- CoveKinloch, Level 1, 12 Victoria Street, Lower Hutt, Wellington 5010		
Phone No.(Daytime): 04 589 9180	Email Address: compliance@covekinloch.co.nz		
Phone No.(After hours): 0800COVEKINLOCH	Web Site: www.covekinloch.co.nz		
	WARRANT		
he maximum number of occupants that can :	safely use this building is:	92	

SPECIFIED SYSTEMS

Automatic or manual emergency warning systems for fire or other dangers

SS4 Emergency lighting systems

SS8/1 Passenger-carrying lifts

SS9 Mechanical ventilation or air condition or systems

SS14/2 Signs relating to a, system or feature specified in any of clauses 1 to 13

SS15/2 Final exits

SS2

SS15/3 Fire separations

SS15/4 Signs for communicating information intended to facilitate evacuation

The Compliance Schedule and records are kept at:

CoveKinloch, Level 1, 12 Victoria Street, Alicetown, Lower Hutt 5010

The inspection, maintenance, and reporting procedures of the compliance schedule for the above building have been fully complied with during the 12 Months prior to the date stated below:

Signature of agent on behalf of and with the authority of the owner:

Print Name:
Date:
11 December 2020

Form 12, Section 108, Building Act 2004

WLG1106

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:	AdoMVE GROVE CAFE & GIFTS LAS
Applicants name: (Individual or Company)	FLEUR HEARLEWOOD
Premises address:	16 MAHARA PLACE, WAIKANAE
Contact phone:	Home: 64 9025562 Mobile: 1021 1725283
Contact email:	Adolivegrovecase@xtra.co.13

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** or Contact Fire and Emergency New Zealand, wellingtondistrict-rrteams@fireandemergency.nz.

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Statement

I hereby state that (tick	one))
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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;

<u>OR</u>

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

<u>OR</u>

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:	FLEUR HEAZLEWOOD
Signature:	Add Hours level
Date:	Add 22/11/2024.

Submitting applications

Email completed forms to: licence.application@kapiticoast.govt.nz

Post to:

or deliver to:

Alcohol Licensing Team

Kāpiti Coast District Council

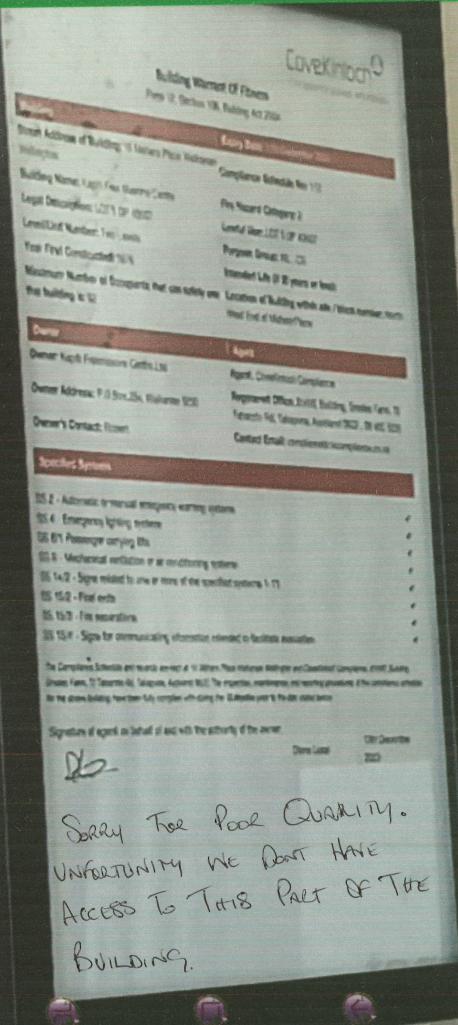
Kāpiti Coast District Council

Private Bag 60601

175 Rimu Road

Paraparaumu 5254

Paraparaumu



Section 226, Sale and Supply of Alcohol Act 2012

KATHERINE MARTHA PROVAN

Your manager's certificate 45/CERT/325/2015 is renewed.

provisions of the Act relating to the suspension and cancellation of managers' certificates. Subject to the requirements of the Act relating to the payment of fees, and to the this certificate expires on 28 October 2027 unless again renewed

Dated at Paraparaumu on 11 September 2024



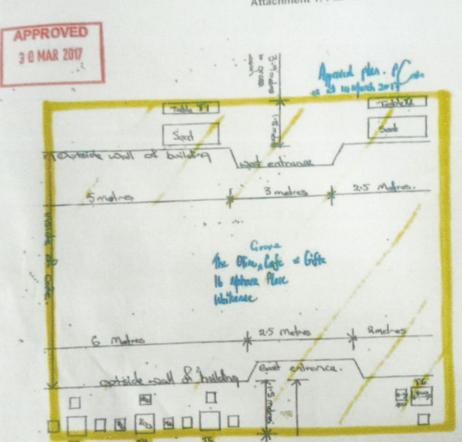
Kapiti Coast District Licensing Committee Secretary

Manager Lettingate Kene...

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Attachment 1: Plan of licensed area



Donna Want

From: Sent: To: Subject:	Fleur Heazlewood <olivegrovecafe@xtra.co.nz> Monday, 25 November 2024 6:20 pm Mailbox - Licence Application Re: Application for renewal of On-Licence</olivegrovecafe@xtra.co.nz>
Follow Up Flag: Flag Status:	Follow up Flagged
Hi Donna	
Sorry for the confusion. Hours to be the same as the I hope this helps.	current licence, Monday to Sunday 8am to 12 midnight.
Fleur Heazlewood	
Managing Director	O live Grove Cafe
	NZDT Mailbox - Licence Application Dkapiticoast.govt.nz> wrote:
Good afternoon,	
We have received your application to renew your On-Licence, along with payment of the application fee.	
·	rocessed, would you please clarify the hours the café is selling tion form does not match the hours stated in your current licence,
 Monday to Sun 	nday 8am to 12 midnight

Your application shows the following:

- 7.30am till 3.30pm Monday to Sunday, and
- 7.30 am till 3pm Sunday and Saturday? (this is not clear on the form).

Once you are able to clarify what your licenced hours are your application can progress. In the meantime, this will remain on hold.

Kind regards

Donna Want

Regulatory Services Support Officer Te Kai Maangai Whakaanga Kiritaki

Tel 04 296 4700





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