

APPLICATION FOR CLUB LICENCE OR RENEWAL OF CLUB LICENCE



Form 5, 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 it is recommended that you 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 particulars set out below:		
1. Application Type		
<input type="checkbox"/> New Club Licence	<input checked="" type="checkbox"/> Renewal of Club Licence Licence number:	<input type="checkbox"/> Renewal of Club Licence with variation of conditions Licence number:
2. Details of Applicant		
Full legal name or names to be on licence: <i>Kapiti Squash Rackets Club inc</i>		
Whether licence already held for premises concerned: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, and if 'Yes', state kind of licence		
3. Applicant Status by reference to section 28 of Sale and Supply of Alcohol Act 2012		
<input type="checkbox"/> Natural person(s) <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify).....	<input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input checked="" type="checkbox"/> Incorporated Society	
4. For Applicant that is a Natural Person(s)		
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:	Fax:	
Email:	Website:	Preferred mode of contact:	

5. For Applicant that is a Body Corporate, Authority under which Incorporated

6. For Applicant that is Not a Natural Person(s), Details of Contact Person

Name: <i>Chris Charters</i>		
Telephone:	Mobile: <i>0274706445</i>	Fax:
Email: <i>ch@t1</i>	Website:	Preferred mode of contact:

7. Postal Address for Service

Number/Street/PO Box: <i>28 Anthony Grove</i>	Suburb: <i>Paraparaumu</i>
City:	Postcode:

8. Business Details

Describe principal business, any other businesses
Squash / Sports Club

9. Criminal Convictions

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). Yes No, and if "Yes", then please provide nature of the offence, details of conviction, and penalty imposed.

10. Details of Premises

Address: Number <i>28 Anthony Grove</i>	Street: <i>Paraparaumu Anthony Grove</i>
Suburb: <i>Paraparaumu</i>	City: <i>Paraparaumu</i> Postcode:

Any name, trading name, or name of building:

Trading Name: *Kapiti Squash Rackets Club Inc.*

If not Owned by Applicant:

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:			
11. Details of Duty Manager(s)/Proposed Manager(s) If more than two certified managers please attach details separately			
Full legal name: Christopher Charteris			
Number of manager's certificate: 45/CERT/713/2018		Expiry Date: 23 Nov 2025	
Full legal name:			
Number of manager's certificate:		Expiry Date:	
12. Club Details			
State authority under which the club is incorporated: Companies Register NZ			
Membership: total membership.....140....., number of members under 18 years of age..... 12 20.....			
Contact details of club secretary - Name: Hayden Loyd.			
Address: Number/PO Box		Street:	
Suburb:		City:	Postcode:
Telephone:	Mobile: 027 805 6734	Fax:	
Email: membership@kaptisquash.co.nz	Website:	Preferred mode of contact: Email	
Is the sale of alcohol intended to be the principal purpose of the club? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, and if "No", advise the intended principal purpose of the club. The purpose of playing squash.			
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 checked="" type="checkbox"/> Yes <input 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. The club will sell non alcoholic beverages & soft drinks. The kitchen also sells snacks & meals.			

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

Monday - Friday 11am to 11.30pm
 Saturday 9am to ~~12.30am~~ 12.30am
 Sunday 9am to 10pm
 the following day

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

13. 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:

The applicant has operated in the sale & supply of alcohol for many years with no issues. The bar is always staffed by trained & experienced duty managers. The current duty manager for the club, Chris Dwyer, has 6 years experience in operating bars and alcohol companies, & holds an LCC certificate.

Yes / No
#.....

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

Bar snacks: chips, chocolate bars
 Kitchen: Burgers, Toasties, Hot chips, Salads

Yes / No
#.....

...Conditions contd.	Doc attached? Number.
<p>Describe the type and range of non-alcoholic beverages intended to be available for purchase:</p> <p>Soft drinks : code cola, fanta, sprite, Powerade, 0% Beer, water</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Describe the type and range of low-alcohol beverages intended to be available for purchase:</p> <p>Asahi light 2% 330ml bottles.</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Describe to what extent, and where, drinking water is intended to be freely available to members (if no access to mains water supply, also advise the potability of water intended to be available):</p> <p>Tap water is available at the bar & the kitchen. Drinking fountains are located on the first floor of the club.</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>

...Conditions contd-	Doc attached? Number.
<p>Describe the steps intended to be taken to provide help with and information about transport options from the premises:</p> <p>Local taxi numbers are held behind the bar for anyone that requests one.</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p> <p>All persons ^{appearing to be} under the age of 30 will be asked for ID.</p> <p>All customers will be assessed for intoxication levels prior to service of alcohol through conversations, stability & appearance. Intoxicated persons will be asked to leave the premises through assistance in transport.</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):</p> <ul style="list-style-type: none"> - Regular staff training to know how to assess intoxication, where water stations are located, what & where food is served. - Signage will be clearly displayed in the bar - "No ID, no service" and "Intoxicated people will not be served." 	<p>Yes / <input checked="" type="radio"/> No #.....</p>

...Conditions contd-	Doc attached? Number.
<p>Describe any other systems (including training systems), and staff in place (or to be in place) for compliance with the Act:</p> <p>- Regular staff training will be in place. - A duty manager will be on site at all times. - Multiple trained staff will be present for tournaments & events.</p>	<p>Yes / <input checked="" type="radio"/> No #.....</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"> • 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. <p>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:</p> <p>- Music will not be played after 10pm any day of the week. - The club owns & has improved the parking at the club to minimise car noise levels. - Outdoor spaces are closed after 10pm week days and 11pm weekend nights</p>	<p>Yes / <input checked="" type="radio"/> No #.....</p>
<p>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</p> <p>Terms of condition at present:</p> <p>Action sought: <input type="checkbox"/> Variation <input type="checkbox"/> Cancellation. If Variation, in what respect does the applicant seek to vary the condition?</p> <p>Full reasons for variation or cancellation:</p>	<p>Yes / <input checked="" type="radio"/> No #..... #..... #..... #.....</p>

15. 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:

Chris Charters

Date:

13/12/2024

Signature:

C.C.

Dated at location:

183 Akatarua Road, Waitane.

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.

Notes

- 1 This form must be accompanied by the prescribed fee.
- 2 Within 20 working days after filing this application with the District Licensing Committee (or 10 working days if it is an application for renewal), the applicant must give public notice of it in form 7. The notice must be given in compliance with regulation 36, 37, or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application).
- 3 Except in the case of a conveyance, within 10 working days after filing this application with the District Licensing Committee, the applicant must ensure that notice of this application in form 7 is attached in a conspicuous place on or adjacent to the site to which this application relates (unless the Secretary of the District Licensing Committee agrees that it is impracticable or unreasonable to do so).

ONCE YOUR APPLICATION IS COMPLETE, MAKE AN APPOINTMENT FOR A PRE-LODGEEMENT MEETING WITH THE LICENSING INSPECTOR.

PLEASE TELEPHONE (04) 296 4700 OR TOLL FREE: 0800 486 486.

Before lodging Application

Once this application is complete then 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.

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). Unless notified otherwise by a Licensing Inspector, the notice must be published once. The notice 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.

For Office Use: Application Fee Risk Categories

- Very Low
- Low
- Medium
- High
- Very High

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

Name of Licensing Inspector _____ Date: _____

For Office Use: Customer Service Desk Checklist:

- Applicant has met with a Licensing Inspector, and fee has been calculated (as per above).
 - Fee has been paid
- Attachments checked?
- CSO has checked that all identified (Yes/No Ref #) attachments are attached OR
 - CSO has NOT checked that all identified documents are attached

Signature of CSO _____ Date: _____

14. Attachments	Doc attached? Number.
<ul style="list-style-type: none"> 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 #.....
Copy of planning consent – Please attach certificate to show that the 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 / No #.....
Copies of all relevant building certificates consents: Please attach certificates to show that the premise meets 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 / No #.....
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 / No #.....
Copy of any certificate of incorporation (or equivalent document). <i>Not required for renewal unless changes have occurred since the last issue or renewal.</i>	Yes / No #.....
Names of other clubs with which club has reciprocal visiting rights for members:	Yes / 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 / No #.....
Please attach a map showing the location of the premises. <i>Not required for renewal.</i>	Yes / 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 / 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 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 / No #.....

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:

~~999~~ Kapiti Squash Rackets Clubs Inc

Applicants name:
(Individual or Company)

As above

Premises address:

28 Anthony Crowe
Paraparaumu

Contact phone:

Home:

Mobile: 027 805 6734

Contact email:

president@kapitisquash.co.nz

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-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:

Chris Charters

Signature:

CC

Date:

13/12/2024

Submitting applications

Email completed forms to: 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

Donna Want

From: Treasurer - Kapiti Squash <treasurer@kapitisquash.co.nz>
Sent: Monday, 23 December 2024 7:33 am
To: Mailbox - Licence Application; President - Kapiti Squash
Subject: Re: CL773 - Kapiti Squash Rackets Club Incorporated - Kapiti Squash Club
Attachments: Kapiti Squash Club License Renewal amendment.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Both emails are correct. Use treasurer for comms. Chris Charteris is the treasurer.

I have attached an amended copy to update the typo.

Thanks!

Get [Outlook for iOS](#)

From: Mailbox - Licence Application <licence.application@kapiticoast.govt.nz>
Sent: Wednesday, December 18, 2024 4:04 PM
To: President - Kapiti Squash <president@kapitisquash.co.nz>
Cc: Treasurer - Kapiti Squash <treasurer@kapitisquash.co.nz>
Subject: CL773 - Kapiti Squash Rackets Club Incorporated - Kapiti Squash Club

Good afternoon,

We have received an application to renew your Club Licence, which expires 27/01/25. To enable us to process this, we will require some additional information please – as follows:

- What is the correct email address applicable for this licence? Our records show president@kapitisquash.co.nz, however the application was sent from treasurer@kapitisquash.co.nz by Christopher Charteris.
- Question 12 (page 4) of the application form (attached above), shows different hours to those currently noted on your Club Licence.
You have shown **Saturday hours as 9am to 12.30pm**. The licence has **“9am to 12.30am the following day”**.
Assuming the current licencing hours are intended to continue, would you please amend the attached form to reflect the correct Saturday hours and re-submit.

Your application will remain on hold pending your response.

Kind regards

Donna Want

Regulatory Services Support Officer
Te Kai Maangai Whakaanga Kiritaki

Tel 04 296 4700



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