

5. For Applicant that is a Natural Person(s)

Full legal name: Octopus Inc Ltd.

Any aliases (and/or maiden name):

Usual residential address: Number 284

Street: Rangiorua Road.

Suburb: Otaki.

City: Otaki.

Postcode: 5512.

Sex: Male.

Occupation: Director.

Date of birth: 16/3/1972.

Place of birth: Hostings.

Telephone: 06-364-0634.

Mobile: 021 022 03105.

Email: ~~duane@thele.com~~ duane@thele.co.nz

Preferred mode of contact:

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

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

Name: Duane Watt.

Designation/Position: Director

Telephone: 06-364-0634.

Email: duane@thele.co.nz

Mobile: 021 022 03105.

Preferred mode of contact: Email

8. Postal Address for Service

Number/Street/PO Box: 284

Suburb: Rangiorua Road

City: Otaki.

Postcode: 5512.

9. Business Details

Describe principal business, any other businesses

Hotel.

10. 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.

11. For a Company whether Incorporated under the Companies Act 1993 or Equivalent Foreign Legislation

Full Legal Names of Directors:

Duane Bryson Inglis Watt.

12. For a Private Company Incorporated under the Companies Act 1993

Authorised capital: 100 Shares	Paid up capital:
Name: Duane Watt	Address: Street number 24
Street: Rangituru Road	Suburb:
City: Otaki	Postcode: 5512.
Date of birth: 10/3/72	Place of birth: Hastings
Designation: Director.	Face value of shares held:

13. For a Partnership

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:

14. Details of Premises

Address: Number	Street:	
Suburb:	City:	Postcode:
Trading Name:		
If not Owned by Applicant:		
Tenure: <i>(state whether to be held as leasehold, or under tenancy agreement or licence)</i>		
Full legal name of owner:		
Address: Number	Street:	
Suburb:	City:	Postcode:
Type: <i>state whether grocery, hotel, retail shop (other than grocery), or tavern</i>		
Is the licence conditional on completion of building work: <input type="checkbox"/> Yes <input type="checkbox"/> No, and if "Yes", state details:		

15. Details of Duty Manager(s)/Proposed Manager(s) *If more than two certified managers please attach details separately*

Full legal name: Duane Bryson Inglis Watt.

Number of manager's certificate: 45/cert/082/2014.

Expiry Date: 30/4/26.

Full legal name: Suzanne Climo

Number of manager's certificate: 45/cert/483/2016

Expiry Date: 25/9/25.

16. Business Details

Is the sale of alcohol intended to be the principal purpose of business: Yes No, and advise the intended principal purpose of business (*for example: sale of alcohol, sale of food; entertainment; accommodation*).

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: 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.

TAB Gaming Accommodation. Food

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

Monday - Saturday 10am - 11pm.
Sunday 10am - 10pm.

17. 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:

Yes / No
#.....

Own the Hotel for 10 years.

<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p> <p>All staff have been trained to check for identification and assess for intoxication</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> <p>The staff are trained to assess for intoxication We have signs up promoting safe drinking</p>	<p>Yes / <input checked="" type="radio"/> No #.....</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>The off licence is included in the site induction.</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>We have a strict staff policy on service of alcohol and the actions of our patrons</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>Yes / <input checked="" type="radio"/> No #..... #..... #..... #.....</p>

ownership arrangements have changed.

19. 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 #.....

20. 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 #.....

21. 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: *Deane Watt*

Date: *14/11/24*

Signature: *[Handwritten 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

Very Low

High

Low

Very High

Medium

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

Name of Licensing Inspector _____ Date: _____

Guidance for Completing Off-Licence Application/Renewal 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 forms cannot be accepted by the DLC over the counter until they have been signed off as complete by the Inspector and a fee category has been calculated.

You should also apply for certificate of compliance with the Resource Management Act and the Building Act from the Kapiti Coast District Council.

Completing your application

Who should complete which fields

1	Type of Application	All applicants to complete.
2	Endorsements	Only complete if you are <u>only</u> seeking a licence for use as an Auctioneer, or for remote sales (the 'sale for delivery', or 'sales from a distance').
3	Details of Applicant	All applicants to complete. If a company takes profits must 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.
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.
8	Postal Address for Service	All applicants to complete.
9	Business Details	What is your principal business? For example supermarket/ bottlestore/grocery store.
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	All applicants to complete.
15	Details of Duty Manager(s)/Proposed Managers	All applicants to complete. If more than two, please attach separately.
16	Business Details	All applicants to complete.

17	Conditions	All applicants to complete.
18	Attachments	All applicants to complete.
19	Further Details where Applicant is a Company	Only complete if private or public company.
20	Further Details where Applicant is a Partnership	Only complete if a partnership.
21	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 send 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.



Evacuation Procedure

If you discover a fire proceed to the nearest Fire Alarm Call Point. Break the glass and operate the switch. Verbally alert other building occupants and Exit the building immediately by the nearest marked **EXIT**.

From a safe location, contact the Fire Services immediately. DIAL 111

Inform the Owner/Manager about the outbreak.

Assemble on the footpath outside 280 Rangiorua road just past Otaki Automotive.

Stay at the assembly point until "All clear" is given from authorized personnel.

Please follow the rules below once you are safely outside.

- Walk, 'DO NOT RUN'
- Stay at assembly point until "All clear" is given from authorized personnel.
- Do not attempt to extinguish the fire unless it is safe to do so.

Fire extinguishers are located in the following areas.

- Top of the stairwell
- Kitchen Rear
- Tasman street entrance
- Behind the main bar

Important phone number for emergency services.

Police/Fire/Ambulance – DIAL 111

When warned of a Fire in the building, exit through the door to Rangiorua Road along the side of footpath to the assembly point. (280 Rangiorua Road).

Alternative Exit: Exit door leading out to the courtyard towards Tasman Road along the assembly point outside of the old bottle store on Tasman Road.

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 Rangitapu Rd
Otaki

Contact phone:

Home: 06 364 0634 Mobile: 021 0220805

Contact email:

dvane@thehotel.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-rrteams@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.

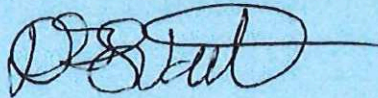
NOTE:

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:

Dwane Wait

Signature:



Date:

28/11/24

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