

APPLICATION FOR OFF-LICENCE OR RENEWAL OF OFF-LICENCE



Form 4, 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 particulars set out below:

1. Application Type

New Off-Licence

Renewal of Off-Licence

Renewal of Off-Licence with variation of conditions

Licence number:

45 / OFF / 042 / 2022

Licence number:

2. Endorsements

Tick the appropriate box if you want an endorsed licence only

Auctioneer

Remote Sales

3. Details of Applicant

Full legal name or names to be on licence (if a company, must be a company name):

WAIKANAE CHARTERED CLUB

Whether licence already held for premises concerned: Yes No, and if 'Yes', state kind of licence

CLUB LICENCE

4. Applicant Status: by reference to section 28 of Sale and Supply of Alcohol Act 2012

Natural person(s)

Private Company

Body Corporate

Public Company

Partnership

Other (please specify) INCORPORATED SOCIETY

5. 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:

Email:

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:

Designation/Position:

Telephone:

Email:

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*

Incorporated society - club.

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:**

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

Authorised capital:	Paid up capital:
Name:	Address: Street number
Street:	Suburb:
City:	Postcode:
Date of birth:	Place of birth:
Designation:	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	8	Street:	Elizabeth Street
Suburb:	Waikanae	City:	Wellington
Postcode: 5036			
Trading Name: WAIKANAE CHARTERED CLUB			
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:	
Type: state whether grocery, hotel, retail shop (other than grocery), or tavern			
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: JAN PATRICIA COOK

Number of manager's certificate: 45/CERT/1156/2023

Expiry Date: 27/11/27

Full legal name: KATIE JANET FINLAY

Number of manager's certificate: 45/CERT/495/2016

Expiry Date: 28/2/25

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.

State the days and hours proposed for sale of alcohol (this is your current licensed hours not trading hours): Monday to Sunday 11.00am to 9.00pm

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
#.....

<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p> <p>No ID no sale, check membership cards, use of SCAB, will not serve intoxicated persons</p>	<p>Yes / No #.....</p>
<p>Describe any other steps the applicant proposes to promote the responsible consumption of alcohol (for instance host responsibility practices):</p> <p>increased options for low or no alcohol options subsidised taxis offering safe means of transport.</p>	<p>Yes / 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>monthly staff meetings recorded and/or minuted, which have discussions around all relatory requirements.</p>	<p>Yes / 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>The club does not believe we have contributed to any additional noise in and around the surrounding areas of the club. We are largely located in a more commercial area but we are still mindful of noise emissions and encourage our entertainers to maintain acceptable levels of noise. We have not seen any litter, vandalism or people causing a nuisance in the clubs immediate vicinity. We have not had to call police since November 2022, when one of our bar staff was assaulted by a signed in guest. That person was subsequently held by police on our initiative. Off sales case @ 11 pm</p>	<p>Yes / 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>No variance</p>	<p>Yes / No #..... #..... #..... #.....</p>

Action sought: **Variation** **Cancellation.** If Variation, in what respect does the applicant seek to vary the condition?

Full reasons for variation or cancellation:

18. Attachments **Doc attached? 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 # <u>1</u>
Please attach certificate to show 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 / No #.....
Copy of Building Compliance Certificate. Please attach certificate to show that 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 / No #.....
Where the premises are a grocery store, the statement of annual sales revenue required by regulation 12 or 13 (as the case requires) of the Sale and Supply of Alcohol Regulations 2013.	Yes / No #.....
Where the premises are a grocery store or supermarket, a scale floor plan must be provided clearly defining the single alcohol area, or sub-area, and layout of the premises including entry/exit and checkouts.	Yes / No #.....
Where the premises are a bottle store or tavern off licence, a plan must be provided showing designations and the principal entrance.	Yes / No #.....
For body corporate applicant, please attach a copy of certificate of incorporation (or equivalent document). <i>Not required for renewal unless there have been changes since the last issue or renewal.</i>	Yes / No #.....
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. If 'No', discuss with the Licensing Inspector if you need to complete a CPTED checklist for this application (<i>see HPA and the Ministry of Justice websites for more information</i>).	Yes / No #.....
If premises 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</i>	Yes / No #.....

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: JAN PATRICIA COOK

Date: 10 March 2025

Signature: 

Dated at location: 8 Elizabeth Street, Wellington

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. #2

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.

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:

Add WAIKANAE CHARTERED CLUB

Applicants name:
(Individual or Company)

Add WAIKANAE CHARTERED CLUB INC

Premises address:

Add
3 ELIZABETH STREET
WAIKANAE

Contact phone:

Home: Add 04-293 5915 Mobile: Add 0272768719

Contact email:

Add manager@waikanaeclub.org.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:

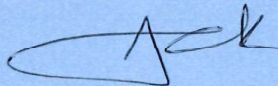
If an approved evacuation scheme is not required, the building must have evacuation procedures that meet Part 1 of the Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018 – this does not require approval by Fire and Emergency New Zealand.

Name:

Add JAN PATRICIA COOK

Signature:

Add



Date:

Add 10th March 2025

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