

# 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

<b>For Council use</b>
File #

Once this application is complete you may make an appointment for a pre-lodg given above.

Application forms cannot be accepted by the District Licensing Committee (DLC) complete by the Inspector and a fee category has been calculated. [Instructions back of the form.](#)

06 51-860-608  
 Received with thanks by 41/01  
 KAPITI COAST DISTRICT COUNCIL  
 20-09-24 14:07 Receipt no.704322  
 DR ON834  
 MICHAEL SCOTT HYLAND -1,320.50  
 Michael Scott Hyland::The Winemakers Da  
 CQ EFT  
 Michael Scott Hyland 1,320.50

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:	<input type="checkbox"/> Renewal of On-Licence with variation of conditions Licence number: <b>45/ON/016/2022</b>
<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): <b>MICHAEL SCOTT HYLAND</b>		
Whether licence already held for premises or conveyance concerned: <input checked="" 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 checked="" type="checkbox"/> Natural person(s)	<input type="checkbox"/> Private Company	
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Public Company	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (please specify).....	

Received by  
 Kāpiti Coast District Council  
 at Ōtaki  
**27 SEP 2024**  
 By Time **15:00**

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

Full legal name: MICHAEL SCOTT HYLAND.

Any aliases (and/or maiden name): M.A.

Usual residential address: Number 11 Street: RANGIURU ROAD

Suburb: OTAKI BEACH City: Postcode: 5512

Sex: MALE Occupation: CATERER

Date of birth: 15/12/1947 Place of birth: HOBART TASMANIA

Telephone: 063648076 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: 11 RANGIURU RD Suburb: OTAKI BEACH

City: Postcode: 5512

**9. Business Details:**

Describe principal business, any other businesses

CAFE / RESTAURANT

**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.

NO.

**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 (if not a Conveyance)		
Address: Number 1081	Street: OLD STATE HIGHWAY 1	
Suburb: TE HOLO	City:	Postcode:
Trading Name: THE WIMEMAKERS DAUGHTER		
If not Owned by Applicant:		
Tenure: (state whether to be held as leasehold, or under tenancy agreement or licence) TENANCY AGREEMENT		
Full legal name of owner: ALISTER PAINE		
Address: Number 1081 STATE HIGHWAY 1	Street:	
Suburb: TE HOLO	City:	Postcode:
Is the licence conditional on completion of building work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, and if "Yes", state details:		
15. Details of Conveyance		
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 Applicant:		
Full legal name of owner: ALISTER PAIM		
Address: Number 1081	Street: STATE HIGHWAY 1 (OLS)	
Suburb: TE HORO	City:	Postcode: RD.
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 checked="" type="checkbox"/> No, and if "Yes", state details:		
<b>16. Details of Duty Manager(s)/Proposed Manager(s) If more than two certified managers please attach details separately</b>		
Full legal name: AMY REWA RAIKA		
Number of manager's certificate: 45/CERT/784/2019	Expiry Date: 20/11/26.	
Full legal name: BRONNY PATRICIA LAESH ROYCE MO. 255		
Number of manager's certificate: <del>45/CERT/784/2019</del>	Expiry Date: <del>20/11/26</del> 19/7/2025	
<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)		
RESTAURANT / CAFE		
Is the sale of alcohol intended to be the principal purpose of business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <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):

SUN - THURSDAY 8AM - 11PM  
 FRI, SAT 8AM - 1AM (FOLLOWING DAY)

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

**18. Conditions**

- 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:

60 YEARS HOSPITALITY  
 HCIMA CERT. WESTMINSTER COLLEGE LONDON

Yes / No  
 #.....

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

FULL RESTAURANT / CAFE MENU

Yes / No  
 #.....

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

SOFT DRINKS  
 FRUIT JUICES  
 WATER  
 0% ALCOHOL BEER

Yes / No  
 #.....

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

BEER.  
 WINE

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):

WATER AVAILABLE ON SITE AT ALL TIMES  
 WATER SERVED TO ALL PATRONS ON REQUEST  
 WATER TESTED ANNUALLY BY KCDC LAB

Yes / No  
 #.....



...Conditions contd-	...Conditions contd-
<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;">STAFF TRAINING NOTICES</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 style="text-align: center;">HOST RESPONSIBILITY POLICY</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 style="text-align: center;">STAFF TRAINING</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"> <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;">THIS IS A COUNTRY LOCATION AWAY FROM SENSITIVE USERS</p>	<p>Yes / No #.....</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"/> Variation    <input type="checkbox"/> Cancellation. If Variation, in what respect does the applicant seek to vary the condition?</p> <p style="text-align: center;">/</p>	<p>Yes / No #..... #..... #..... #.....</p>

Full reasons for variation or cancellation:		
<b>19. Attachments (if Not a Conveyance)</b>		<b>Doc attached? Number.</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>		
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 / No #.....
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 / 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 #.....
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 / 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, and if 'No' complete a CPTED checklist ( <i>see HPA and the Ministry of Justice websites for more information</i> ).		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>		<input checked="" type="checkbox"/> 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>		<input checked="" type="checkbox"/> 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 / No #.....

<b>20. Attachments (Conveyance)</b>		<b>Doc attached? Number.</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> <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 / 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 / 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 / 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 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 / No #.....
<b>21. Further Details where Applicant is a Company</b>		
<i>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.</i>		
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 #.....		



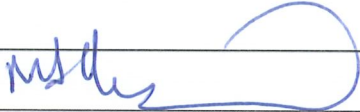
**22. Further Details where Applicant is a Partnership**

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:	MICHAEL SCOTT HYLTON	
Date:	24/9/2025	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: \_\_\_\_\_



# Wine Makers' Specials

## \*\* Starters \*\*

- \* Bread in dips \$9.50
- \* Garlic Prawns \$13.50
- \* Chicken Liver w/ hazelnut in a Creamy wine sauce \$12.50
- \* Garlic Mushrooms or Creamy Mushroom (soup) \$9.50
- \* Seafood Chowder \$12.50
- \* Mussels in a tomato & herb sauce \$9.50
- \* **Chef's Specials** \* \* \*
- \* ~~Steak~~ Steak w/ garlic butter or Mushroom Sirloin sauce served w/ wedges & salad \$27.50
- \* Pan Fried Chicken Breast w/ a Portofino Tomato & Creamy sauce, salad & wedges \$25.00
- \* Lambos Fry & Bacon in a brown onion gravy w/ herb \$14.50
- \* Warm Marinated Chicken or beef served w/ Sesame seeds & crispy noodles \$14.50
- \* Seafood Fritters w/ oil, salad & wedges \$17.50
- \* Steak Open Sandwich on garlic bread w/ mushrooms & fried onions \$18.50
- \* Herb or Cajun Crumbed fish fillets w/ salad & wedges \$17.50
- \* Fish Curry w/ green beans on Rice \$16.50

## \*\* Hot Pot Pies \*\* w/ salad & wedges

- \* Sweet & Sour Pork Pot Pie - ~~N/A~~ All \$14.50
- \* Beef, Vegetable & Mushroom Pie
- \* Chicken Curry Pot Pie
- \* Seafood Pot Pie
- \* Chili & beef Pot Pie
- \* **\*\*\* Vegan Specials \*\*\***
- \* Nut Nest in Pesto w/ vegetables, Marsh & Gravy \$17.50
- \* Saucy Vegan Mince Filo topped Pie w/ Mushy peas in wash \$16.50
- \* Spiced Spinach & Potato fritters w/ GF salsa & salad \$13.50
- \* Pumpkin & Kumara Fritters w/ relish, wedges & salad \$13.50
- \* Chic Pea & Green bean Curry w/ Rice GF \$12.50
- \* Nutburger w/ Salsa, wedges & Salad \$15.00
- \* Vegetable Ragout - Potato Roast GF \$16.50
- \* Broccoli & Herb Penne Pasta w/ Salsa Verde & Salad \$12.50



Big

Kit \$1.00

\* Baked Citrus Gooey Cake  
w/ cream

\* Chocolate Cake w/ berry  
saus & cream

\* Hot sticky date  
pudding

\* Gravelised bananas w/ rum  
saus & ice cream

\* Flip jacks w/ mixed  
berries & cream

\* Ice Cream Sundae's  
Chocolate  
Caramel w/ berry

\* Home Made Ice Creams. 3 more  
of these flavors

\* Apple & Cinnamon Pie

**THE WINE MAKER'S  
DAUGHTER**  
BRASSERIE & WINERY  
Th 06 265 2665 / Fax 06 265 2024  
...TE HORO...



## **CHILDRENS MENU**

**ALL \$8**

Crumbed Chicken & Wedges

Cheese Burger with Wedges

Penne Pasta with Tomato Sauce & Cheese

Crumbed Fish & Wedges

Bowl of Oven Baked Potato Wedges  
with Salsa & Sour Cream

## **CHILDRENS ICE CREAM SUNDAES**

**ALL \$5**

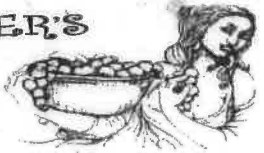
Chocolate

Berry

Caramel

**THE WINEMAKER'S  
DAUGHTER**

BRASSERIE & WINERY  
Th 06 262 2605 / Fax 06 262 2022  
...TE HORO...



**\$12.50 Lunches**

Winemakers Beef 'N' Cheese burger with  
Special Sauce, Salad & Wedges

Corn, Bacon & Spinach Fritters with  
Sour Cream, Salad & Wedges

Curried Sausages with Peas & Mash

Vegetarian Fritters with Tomato Salsa,  
Wedges & Salad (GF) (DF) (V)

Fish, Leek & Potato Hot Cakes with  
Aioli, Wedges & Salad (GF) (DF)

**\$15.00 Lunches**

Double Beef 'N' Cheese Burger with  
Special Sauce, Salad & Wedges

Tofu, Carrot, Leek & Cumin Fritters with  
Vegan Yoghurt, Salad & Wedges (GF) (V)

Crumbed Chicken Tenders with Aioli,  
Salad & Wedges (DF)

Penne Pasta in Creamy Mushroom &  
Bacon Sauce with Salad

Fish Fillets in Lemon & Parsley Sauce with  
Mash Potato & Vegetables