

# 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

Received by  
 Kāpiti Coast District Council  
 at Paraparaumu  
 31 JAN 2025  
 By Andrew Time 12:57pm

For Council use
File #

*payment online*

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

<input type="checkbox"/> New Off-Licence	<input checked="" type="checkbox"/> Renewal of Off-Licence Licence number: <u>45/OFF/039/2022</u>	<input type="checkbox"/> Renewal of Off-Licence with variation of conditions Licence number:
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### 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):

KinFoods Limited

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

Off Licence.

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

<input type="checkbox"/> Natural person(s)	<input checked="" type="checkbox"/> Private Company
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Public Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (please specify).....

**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: Michael Newman

Designation/Position: Director

Telephone: 2983660

Email: michael.newman@4sq-co.nz

Mobile: 0272924712

Preferred mode of contact: email

**8. Postal Address for Service**

Number/Street/PO Box: 4 Donovan Rd

Suburb: Paraparaumu

City: Wellington

Postcode: 5032

**9. Business Details**

Describe principal business, any other businesses

4 Square Supermarket

**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:

Michael John Newman  
Michelle Louise Newman



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

Authorised capital:	Paid up capital:
Name: <i>Michael Newman</i>	Address: Street number <i>4 Donovan Rd</i>
Street: <i>Donovan Rd</i>	Suburb: <i>Paraparaumu</i>
City: <i>Wellington</i>	Postcode: <i>5032</i>
Date of birth: <i>9/8/71</i>	Place of birth: <i>Wellington</i>
Designation: <i>Director</i>	Face value of shares held: <i>100</i>

**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 <i>4</i>	Street: <i>Donovan Rd</i>	
Suburb: <i>Paraparaumu</i>	City: <i>Wellington</i>	Postcode: <i>5032</i>
Trading Name: <i>KenKen 4 Square</i>		

**If not Owned by Applicant:**

Tenure: (state whether to be held as leasehold, or under tenancy agreement or licence)

Full legal name of owner: <i>Harry Kaldelis</i>		
Address: Number <i>111</i>	Street: <i>Strathern Rd</i>	
Suburb: <i>Mirimer</i>	City: <i>Wellington</i>	Postcode: <i>6022</i>

Type: state whether grocery, hotel, retail shop (other than grocery), or tavern

Is the licence conditional on completion of building work:  Yes  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: <i>See Attached</i>	
Number of manager's certificate:	Expiry Date:
Full legal name:	
Number of manager's certificate:	Expiry Date:

**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).

*Supermarket - sale of food*

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.

*Sale of food      Grocery, Meats, Produce, Chilled, Frozen  
Seafood, Food to Go, Deli, Hardware*

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

*Mon - Sunday 7am - 10 pm*

**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:

*We have been operating our store since 2009 and have held our Duty Managers in other stores for well over 25 years.*

Yes / No  
#.....



<p>Describe the steps proposed to be taken to prevent the sale and supply of alcohol to prohibited people:</p> <p><i>We train all our staff with an internal module provided by Foodstuffs and regularly retrain &amp; refresh staffs knowledge regarding their responsibilities</i></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><i>Internal signage - Policy to check ID for anyone under 25 No ID, No Sale. Do Not serve intoxicated people</i></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><i>Our till system prompts staff to check Age before Sale is made. We are checked by Foodstuffs mystery shoppers to make sure of compliance</i></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>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: <i>No Changes -</i></p>	<p>Yes / <u>No</u> #..... #..... #..... #.....</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.
<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>	
<p>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.</p>	<p>Yes / No #.....<sup>1</sup></p>
<p>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></p>	<p>Yes / No #.....<sup>1</sup></p>
<p>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></p>	<p>Yes / No #.....<sup>1</sup></p>
<p>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.</p>	<p>Yes / No #.....<sup>2</sup></p>
<p>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.</p>	<p>Yes / No #.....<sup>3</sup></p>
<p>Where the premises are a bottle store or tavern off licence, a plan must be provided showing designations and the principal entrance.</p>	<p>Yes / No #.....<sup>1</sup></p>
<p>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></p>	<p>Yes / No #.....<sup>1</sup></p>
<p>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 (see HPA and the Ministry of Justice websites for more information).</p>	<p>Yes / No #.....</p>
<p>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></p>	<p>Yes / No #.....<sup>1</sup></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: <i>Michael Newman</i>	Address: <i>71 Golf Rd</i>	
Suburb: <i>Paraparaumu</i>	City: <i>Wellington</i>	
Postcode: <i>5032</i>	Date of birth: <i>09/8/71</i>	
Place of birth: <i>Wgtn</i>	Designation: <i>Director</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:	

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.

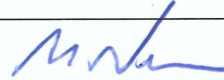
Name:

Michael Newman

Date:

9/1/25

Signature:



Dated at location:

4 Donovan Rd Paraparaumu

**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: \_\_\_\_\_

## Duty Managers

<b>Name</b>	<b>Expiry</b>	<b>Certificate Number</b>
<b>Michael Newman</b>	<b>25-May</b>	<b>2025 45/CERT/429/2016</b>
<b>Michelle Newman</b>	<b>25-May</b>	<b>2025 45/CERT/430/2016</b>
<b>Vikki Duncan</b>	<b>27-Feb</b>	<b>2027 45/CERT/553/2017</b>
<b>Tracey Barclay</b>	<b>19-Aug</b>	<b>2027 45/CERT/778/2019</b>
<i>Victoria Richmond-Chadwick</i>	<i>21 Jan</i>	<i>2026 45/CERT/1251/2025</i>



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# 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:

Kenakina 4 Square

Applicants name:  
(Individual or Company)

Kin Foods Ltd

Premises address:

4 Donovan Rd Paraparaumu

Contact phone:

Home:

2983660

Mobile:

0272924712

Contact email:

michael.newman@4sq.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](http://www.fireandemergency.nz) or Contact Fire and Emergency New Zealand, [wellingtondistrict-rrteams@fireandemergency.nz](mailto: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:

Michael Newman

Signature:

M Newman

Date:

9/1/25

## Submitting applications

Email completed forms to: [licence.application@kapiticoast.govt.nz](mailto: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



# Sales Trend Report.

Liquor Sales Assessment



Foodstuffs North Island. Postal. DX Box CX 15021, P. +64 9 621 0600  
Physical. 35 Landing Drive, Mangere, Auckland 2022. F. +64 9 621 0601  
Mangere, Auckland 2022. foodstuffs.co.nz

### Statement of Annual Sales Revenue

Name of Store: Kena Kena Four Square (Kin Foods Limited)

Gross Sales Revenue for the 52 Week period from Dec 23 to Dec 24 by category


Categories	Sales (\$)	Sales (%)
Food Products	\$ 1,463,882.97	36.70%
Convenience Foods	\$ 1,394,591.47	34.97%
Alcohol	\$ 435,048.63	10.91%
Tobacco Sales Excl. Excise Tax*	\$ 172,130.42	4.32%
Other revenue	\$ 522,763.24	13.11%
<b>Total Sales Excl. Tobacco Excise Tax*</b>	<b>\$ 3,988,416.73</b>	<b>100.00%</b>

Tobacco Sales Calculation	Sales (\$)
Total Tobacco Sales	\$ 724,829.29
Excise Tax*	\$ 552,698.87
<b>Tobacco Sales Excl. Excise Tax*</b>	<b>\$ 172,130.42</b>

The above figures are exclusive of GST and after deduction of all revenue from the sales of Lotto, Keno, Instant Kiwi or any other New Zealand Lottery promoted by the New Zealand Lotteries Commission.  
\*Tobacco Excise Tax rates have been calculated and removed from total tobacco sales based on information provided by suppliers on a per item basis.

I verify that the figures above including excise tax correctly reflect the sales for the above stated period, and excise tax has been calculated as stated above.

Signed:



Name:

Gev Daji

Designation:

Chartered Accountant (CA ANZ)

Date:

13/01/2025

**foodstuffs**  
NORTH ISLAND



3

