



Temporary Authority Application checklist

THE FOLLOWING MUST BE PROVIDED WITH YOUR APPLICATION

Use this cover page to assist you to lodge a complete application.

FEE (inclusive of GST)

Fee may be paid by

- Cash
- Cheques are payable to Ashburton District Council
- Internet Banking details: Account Number: 03-1592-0521970-00, Reference: Name of Applicant or Organisation.

A copy of the lease agreement for the premise.

A signed sale and purchase agreement.

Details of applicant's previous experience.

Details of all certified managers.



Application for Temporary Authority

Sections 136, Sale and Supply of Alcohol Act 2012

To: The Secretary,
 Ashburton District Licensing Committee,
 PO Box 94,
 Ashburton 7740

Application for temporary authority to carry on the sale and supply (or delivery) of alcohol is made in accordance with the details set out below:

1. Details of Applicant	
(a) Full name:
Maiden or other name:
Address:
Occupation:
Date of Birth:
(b) Postal Address for service of documents:

(c) Daytime contact name and telephone number:	
2. Details of Licence	
(a) Type of licence:	On-licence <input type="checkbox"/> Off licence <input type="checkbox"/>
(b) Number:	
3. Details of Premises (for licence that applies to any premises)	
(a) Address:	
(b) Trading or other name (if any):	
4. Details of conveyance (for licence that applies to any conveyance)	
(a) Type of conveyance:	
(b) Address or home base (if any):	
(c) Trading or other name (if any):	

5. Further Details

(a) What right, title, estate, or interest does the applicant have:

(i) In the premises (*or* conveyance) to which the application relates?

(ii) In any business conducted in the premises (*or* conveyance) to which the application relates?

(b) Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally?

Yes

No

If **no**, what is the full legal name, address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?

Name:

Address:

Occupation:

(c) What are the reasons for the application?

Signature and Date

Dated at _____ this _____ day of _____ 20__

Signature: _____ Designation: _____

Notes:

1. The application must be accompanied by the prescribed fee.
2. The District Licensing Committee may require notice of this application to be given to any person or persons it may state.