



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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APPLICATION FOR TEMPORARY AUTHORITY

THE APPLICATION

To the Secretary, Wairoa District Licensing Committee

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.

THE APPLICANT

Full legal name: _____

Occupation: _____

Full residential address: _____

Postcode: _____

Daytime contact details

Daytime contact name & phone number: _____

Postal address for service of documents

Building name: _____

Street number: _____ Street name: _____

Suburb: _____ City: _____

Postcode: _____

DETAILS OF LICENCE

Type of licence: On-licence Off-licence

Licence number: _____

DETAILS OF PREMISES

Legal address: _____

Any name, trading name or name of building: _____

DETAILS OF CONVEYANCE

Type of conveyance: _____

Address of home base: _____

Trading name of conveyance: _____

FURTHER DETAILS

What right, title, estate, or interest does the applicant have in:

- The premises (or conveyance) to which the application relates?

- Any business conducted in the premises (or conveyance) to which the application relates?

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

- Yes No

If no, what are the details of the person through whom the applicant intends to carry on the sale and supply of alcohol?

Full legal name: _____

Occupation: _____

Full residential address: _____

What are the reasons for the application?

NOTES

1. This application must be accompanied by the prescribed fee - \$296.70 inc GST.
2. The District Licensing Committee may require notice of this application to be given to any person or persons it may state.
3. Please provide Sales & Purchase agreement.
4. Please provide letter of authority from owner of premises if leasing property.

DECLARATION

Signed at (place): _____

Applicant name: _____

Signature

Date