

WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

www.wairoadc.govt.nz

PO Box 54, Wairoa 4160, Hawke's Bay

Coronation Square, Queen Street, Wairoa

***** +64 6 838 7309

⇔ +64 6 838 8874

☑ consents@wairoadc.govt.nz

APPLICATION FOR VARIATION OR CANCELLATION OF CONDITIONS OF LICENCE

Please complete this application if you wish to apply for Variation or Cancellation of Conditions of Licence under Section 120 Sale and Supply of the Alcohol Act 2012.

Please note that the Applicant must be the person or entity that receives the revenue from the sale of liquor (e.g the name on the bank account). In respect of the status of the Applicant, see Section 28 of the Sale and Supply of Alcohol Act 2012.

Fees

A fee is required before your application will be processed. Please check the fees table below to determine your application fee. Please ensure you have accurately assessed your fee. Any errors will incur a further application payment and your licence will not be issued before the difference is paid. If you require assistance calculating your risk rating, please contact the Wairoa District Council on 06 838 7309. Fees are not refundable.

Risk Category (Risk Weighting)	Risk/Cost Application Fee (incl. GST)
Very Low (0-2)	\$368.00
Low (3-5)	\$609.50
Medium (6-15)	\$816.50
High (16-25)	\$1,023.50
Very High (26+)	\$1,207.50

Licensee Details			
Full Name			
Postal Address			
			Post Code
Phone Number			
Email Address			
Licence Details			
Type of Licence	☐ On-Licence	☐ Off-Licence	☐ Club Licence
Licence No.			
Licence No.			
Details of Premise			
Address			
			Post Code
Trading Name or			
Name of Building			
Details of Conveyance (i	f applicable)		
Type of Conveyance			
Address of Home Base			
Trading or Other Name			

	ns (at present)				
Terms of 0	Conditions at Present				
	ns (sought)				
Action Soi (please tick					
lf Variatio	n , in what respect does the Applicant seek to vary the condition?				
r icase ac.	ase describe the full reason(s) for <i>Variation</i> or <i>Cancellation</i> .				
Informati	on Required to be Submitted				
	epted for processing your application should include the following:				
	processing four approaches some mendade and tollowing.				
	One copy of completed application form				
	Prescribed Fee (paid)				
	For variations to a licenced area, a scale plan of the proposed premises or conveyance with a broad black lin showing:				
	Those parts of the premises/conveyance that are to be used for the scale of supply of alcohol.				
_	, , , , , , , , , , , , , , , , , , , ,				

	Completed p	ublic notice	e forms (form 7 & 7A)	
_	Within 20 work 10 working da	king days aft ys if it is an c	er filing this application form vapplication for renewal), the Ap	with the District Licensing Committee (Wairoa District Council) (or oplicant must give public notice of it in form 7. The notice must be a and Supply of Alcohol Regulations 2013 (whichever applies to this
	Within 10 work must ensure th	nat notice of t	this application in form 7A is at	District Licensing Committee (Wairoa District Council), the Applicant tached in a conspicuous place or adjacent to the site to which this nsing Committee agrees that it is impracticable or unreasonable to
	ŕ	er/addition	al information relevant to t	his application
Fees	Information			
fee. P	lease ensure you h te will not be issued	ave accurat before the	tely assessed your fee. Any	e check the fees table below to determine your application errors will incur a further application payment and your juire assistance calculating your risk rating, please contact ble.
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	Low (3-5)			\$609.50
	Medium (6-15)			\$816.50
	High (16-25)			\$1,023.50
	Very High (26+)			\$1,207.50
Paym				
	e reference your pay			
	letters of applicant	_		(or identified if incorrectly referenced).
rieas	e note processing w	itt flot begil	r diffit payment is received	(or identified if incorrectly referenced).
				\$368 (Very Low); \$609.50 (Low); \$816.50 (Medium);
	3.50 (High); \$1,207	7.50 (Very F		00.0705.0070.470.00
I conf	irm payment by		Bank transfer to account 03 0785 0070470 00	
				pa District Council attached
			Manual Payment at recep	otion
Refer				
	unt Paid			
Date	of Payment			
Appli	cation & Declaratio	n		
				implete and accurate. The Applicant must take all reasonable steps formation in this application being so.
Signa	ture Applicant			
Full N	ame Applicant			

WDC Office Use Only	
Application Received by WDC on	
Premises Cost/Risk Rating	
Application Fee (GST incl)	\$
Payment Received by WDC on	
Receipt Number	