



## Application for Local Authority Compliance Certificate Section 100(f) of the Sale and Supply of Alcohol Act 2012

To: Resource Management Officer  
Environmental and Planning Services Directorate  
Invercargill City Council  
Private Bag 90104,  
INVERCARGILL 9840

Please accept my application for a Local Authority Compliance Certificate, which I require for my licence application for the premises described below:

Address of the premises \_\_\_\_\_ Legal description \_\_\_\_\_

Nature of the business \_\_\_\_\_  
*(Note that this must be the same as what is stated on the licence application)*

Proposed days and hours of operation \_\_\_\_\_

Proposed trading name \_\_\_\_\_

Name of the owner of the premises \_\_\_\_\_

Date that the business will commence \_\_\_\_\_

Type of Alcohol licence applied for:

- On Licence       Off Licence       Club Licence

The area proposed to be used for this licence is:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| New building                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New operation                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Change of building use                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Previous use _____                     |                              |                             |
| Alterations requiring building consent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Extending licensed footprint           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**A fee of \$450.00 is to be paid with this application**

Applicant name \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_