

# Application for Temporary Authority

Section 136, Sale and Supply of Alcohol Act 2012



To: The Secretary  
Invercargill District Licensing Committee  
Private Bag 90104  
Invercargill 9840  
Email: [dlc@icc.govt.nz](mailto:dlc@icc.govt.nz)

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.

Please PRINT clearly.

## Applicant Details

Full legal name/s of the person/s or company who will receive any proceeds from alcohol sales:

Address:

Postal address for service of documents (if different from above):

Name of daytime contact:

Phone number(s):

Email (this is our preferred way of contacting you):

If applicable, list all criminal convictions (except offences to which the Criminal Records (Clean Slate) Act 2004 applies). State the type and date of each conviction:

## Current Licence Details

If you are applying for an on-licence, remember that you will need to apply for registration under the Food Act 2014.

Type of licence:  On-Licence  Off-Licence

Licence number:

## Premises Details (For a conveyance licence, skip and complete the next section)

Address:

Current trading name for the premises:

Proposed/new trading name for the premises:

## Conveyance Details

Type of conveyance (for example, bus, plane, ferry):

Address of home base:

Trading or other name:

## Further Details

What right, title, estate or interest does the applicant have?

In the premises or conveyance (for example, purchase of business):

In any business conducted on the premises or conveyance (for example, purchase of business):

Does the applicant intend to personally sell, supply or deliver alcohol?  Yes  No

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

Name:

Certificate number:

Expiry date:

Address:

Occupation:

List Duty Managers, provide their certificate numbers and expiry dates:

Name:

Certificate number:

Expiry date:

Name:

Certificate number:

Expiry date:

Name:

Certificate number:

Expiry date:

Is this the first application for a temporary authority?  Yes  No - please explain why another is required below:

What date does the applicant intend trading from the premises:

**Dated at (place and date):**

**Signature of applicant (signature not required if the application is made by electronic means):**

## Attachments, please attach the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Signed lease or purchase agreement   | <input type="checkbox"/> Written consent of the building owner              |
| <input type="checkbox"/> Supporting cover letter  | <input type="checkbox"/> Manager's Certificate if issued by another Council |
| <input type="checkbox"/> Menu and drinks list   | <input type="checkbox"/> Premises current license                           |
| <input type="checkbox"/> Proof of experience in the liquor industry for any person(s) who will be involved in the sale of Alcohol |   |

## Note:

Once your application has been received, an invoice will be sent to you.

The District Licensing Committee may require notice of this application to be given to any person or persons it may state.

If your application is approved it will be for a period not exceeding three months.