

Application for Town Planning and Building Certificate of Compliance

Whanganui District Council 101 Guyton Street PO Box 637 Whanganui 4500 Phone 349 0001 Fax 349 0536

APPLICANT DETAILS				
Name:				
Street Address:				
Postal Address:				
Phone No:				
Bus:	Home:	Cellphone:		
		PREMISE DETAILS		
Address of proposed Licens	sed premises:			
Proposed trading name for the premise:				
Maximum Occupancy Numb	pers:			
Please select one of the foll	owing:			
A) A new building – i.e. not built yet or, in the process of being completed and subject to:				
Building Consent:				
B) An existing building to	which alteratio	ns are being made and/or the use is being changed or subject to:		
Building Consent:				
C) An <u>existing building</u> – n	o change of us	se or alterations being made.		
Yes/No:				
	-	question, please complete the following declaration: or is part of an existing building and there will be no change of		
		declare that the premises located at		
		Whanganui, that has been operated as a		
will continue to be operated	d as a	during my tenure, and		
I declare that I do not inter	nd to make alte	erations to the premises.		
I understand that if, at a lat	ter date, I deci	ide to undertake alterations to the premises, I must apply to the		
Whanganui District Council	for all appropr	iate consents.		
Printed Name:				
Signature:				
Dated:				

	OWNER DETAILS		
Is the applicant the own	? YES / NO		
If No, then please complete	e the following:		
Owner's Full Name:			
Postal Address:			
	BUSINESS DETAILS		
What type of liquor licer	nce do you want, please tick box:		
☐ On Licence	Sale of liquor for consumption on the premise		
☐ Off Licence	Sale of liquor for consumption off the premise		
☐ Club Licence	Sale of liquor for consumption by Club members		
_	ure of the business to be conducted by	y the applicant if the licence is granted?	
Tick one of the following:			
☐ Tavern / Bar	☐ Entertainment Venue	☐ Mail Order	
☐ Hotel	☐ Sports Club/ Club	☐ Supermarket	
☐ Restaurant / Cafe	☐ Bottle Store	☐ Grocery Store	
$\hfill\square$ Complimentary to other	goods sold (e.g. Florist, Gift Baskets)		
Is the sale of liquor inte	nded to be the principal purpose of the	ne business? YES / NO	
If No, what is intended to	be the principal purpose of the business?		
On which days and during	ng which hours does the applicant inte	end to sell liquor under the licence?	

ADDITIONAL INFORMATION REQUIRED

This application must be accompanied by:

- A street map showing the location of the premises within Whanganui
- Application Fee \$120.00
- A current copy of the relevant **Certificate of Title** (provide documentary evidence of the ownership and legal description of the land on which the premise is sited).

PLEASE NOTE

- You are strongly advised to obtain this Certificate of Compliance <u>before</u> applying for a liquor licence. If your proposal does not meet the requirements of the Resource Management Act or New Zealand Building Act a Certificate will not be granted. If there is not a valid Certificate of Compliance then <u>one of the prerequisites</u> for a liquor licence is absent.
- The information provided in this form and any documents attached to the application will be used for purposes pursuant to any requirements under the Sale and Supply of Alcohol Act 2012 that relates to the lodging and processing of an application for a liquor licence.

Please send this application to: Liquor Licensing, Whanganui District Council, PO Box 637, Whanganui 4501