Date	
To the Commissioner of the District Licensing Committee Whanganui District Council PO Box 637 Whanganui 4540	
Dear Commissioner	
Waiver under Section 208 of the Sale and S	Supply of Alcohol Act 2012
Applicant/Licensee	
Address of Premises	
Name of Premises	
I	(the applicant or on behalf of the applicant)
in relation to the application for the Licence sta	ted above wish to apply to the District Licensing
Committee to consider a waiver for our applica	tion.
The reason for this waiver request is because: _	
Thank you for considering my application.	Office Use: Date application applied:
	Application #:
Yours sincerely	Application expiry date:
	Date forwarded onto
	Commissioner:
(signa	ture)
(name	printed clearly)