

Application for Temporary Authority

(Section 24 and 47, Sale of Liquor Act 1989)



Note: Your application can not be processed unless you have included all the required information.

Use the checklist below and the notes on pages 3 to assist you in completing your application:

- Three copies of the application form
- The application fee of \$134.93

Send the completed application form and attachments to:

Matamata-Piako District Council
PO Box 266
Te Aroha 3342

Office Use Only

File No.: _____

Document No.: _____

Receipt No.: _____

Date Received

1. Applicant Details

a. Full name of the entity that the licence is for (*For example, the full name of the company or the full name of the partnership*): _____

Name of applicant: _____

Phone number: _____ Date of birth: _____

Drivers licence No.: _____

b. Postal address for correspondence: _____

c. Name of daytime contact (*If different from the applicant*): _____

Telephone number of daytime contact: _____

2. Licence Details

a. Type of licence (*Tick the appropriate box*)

On Licence

Off Licence

b. Licence number: _____

c. Is the licence being sought for a premises or a conveyance? (*A conveyance is a moving premises. For example, a bus, a train etc.*)

If the licence is for a premises please complete question 3 and leave question 4 blank. If the licence is for a conveyance, please complete question 4 and leave question 3 blank.

3. Details to be filled out if the licence is for a premises.

a. Physical address: _____

b. Trading name: _____

4. Details to be filled out if the licence is for a conveyance.

a. Type of conveyance: _____

b. Address of home base (if any): _____

c. Trading or other name (if any): _____



5. Further Details

a. What right, title, estate, or interest does the applicant have

i. In the premises or conveyance (i.e. ownership/lease details etc):

In any business conducted in the premises or conveyance (i.e. ownership/lease details etc). _____

b. Do you intend to carry on the sale and supply (or delivery) of liquor personally? **Yes / No**

If no, please provide the following details for the person through whom the applicant intends to carry on the sale and supply (or delivery) of liquor:

Name: _____

Address: _____

Occupation: _____

c. What are the reasons for the application? _____

6. Declaration

This application for temporary authority to carry on the sale and supply (or delivery) of liquor is made in accordance with the details I have provided. I declare that the information I have provided is, to the best of my knowledge, true and accurate.

Applicant's signature: _____ Date: _____

Notes to assist you in completing this application.

1. The District Licensing Agency may require notice of this application to be given to any person or persons it may specify.
2. For information on the documents/matters that are to accompany this application, see regulation 19(2) of the Sale of Liquor Regulations 1990.

