



# HURUNUI

## *District Council*

Telephone: (03) 3148816

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### APPLICATION FOR VARIATION OR CANCELLATION OF CONDITIONS OF LICENCE

Sections 16, 39, and 62, Sale of Liquor Act 1989

To: The Secretary  
The District Licensing Agency  
P O Box 13  
Amberley

Application for the variation or cancellation of the conditions of a licence is made in accordance with the details set out below.

**1. DETAILS OF LICENSEE:**

(a) Full Name: \_\_\_\_\_

(b) Postal address for service of documents: \_\_\_\_\_

\_\_\_\_\_

(c) Daytime contact name and telephone number: \_\_\_\_\_

\_\_\_\_\_

**2. DETAILS OF LICENCE:**

(a) Type of Licence (tick appropriate box):

On Licence

Off Licence

Club Licence

(b) Number of Licence: \_\_\_\_\_

**3. DETAILS OF PREMISES: (To be included only where the licence applies to any premises):**

(a) Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Trading or other name (if any): \_\_\_\_\_

4. **DETAILS OF CONVEYANCE:** (To be included only where the licence applies to any conveyance)

- (a) Type of conveyance: \_\_\_\_\_
- (b) Address of home base (if any): \_\_\_\_\_
- (c) Principal route travelled (if any): \_\_\_\_\_
- (d) Trading or other name (if any): \_\_\_\_\_

5. **CONDITIONS:** (To be filled in for each condition to which the application relates)

- (a) Terms of condition at present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) Action sought (tick appropriate box):  
Variation                       Cancellation

- (c) If variation, in what respect does the applicant seek to vary the condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (d) Reasons for variation or cancellation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
**APPLICANT(S) SIGNATURE**

***Fees of \$793.24 are attached.***