



# HURUNUI

## *District Council*

Telephone: (03) 3148816

Fax: (03) 3149181

### **APPLICATION FOR TEMPORARY AUTHORITY**

#### *Sections 24 and 47, Sale of Liquor Act 1989*

To: District Licensing Agency  
Hurunui District Council  
P O Box 13  
Amberley

Application for temporary authority to carry on the sale and supply (or delivery) of liquor is made in accordance with the details set out below.

#### **1. DETAILS OF APPLICANT**

(a) Company Name or full name (if individual): \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

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

(d) Names and date of birth of proposed certificated General Managers:  
\_\_\_\_\_  
\_\_\_\_\_

(e) Holder of Managers Certificate:      Yes          No   

#### **2. DETAILS OF LICENCE**

(a) Type of licence (tick appropriate box)

On Licence   

Off Licence   

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

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

(a) Physical 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. **FURTHER DETAILS**

- (a) What right, title, estate, or interest does the applicant have in the premises (or conveyance) to which the application relates?

\_\_\_\_\_  
\_\_\_\_\_

Date the Temporary Authority should commence: \_\_\_\_\_

- (b) Does the applicant intend to carry on the sale and supply (or delivery) of liquor personally?

**YES / NO**

If **NO**, what is the name, address, occupation and date of birth of the person through whom the applicant intends to carry on the sale and supply (or delivery) of liquor?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_

- (c) What are the reasons for the application? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

(Not solicitor nor Agent)

**NOTE**

- Every application shall be accompanied by the prescribed fee of \$134.93
- A Temporary Authority will be issued for a period not exceeding 3 months