FEE DUE IS \$296.70 per licence



District Office 15 Galileo Street Private Bag 544 Ngaaruawaahia 3742

Telephone (all hours) 07 824 8633 Call Free 0800 492 452 Huntly Area Office 142 Main Street0800 492 452Raglan Area Office 7 Bow Street07 825 8129Tuakau Area Office 2 Dominion Road0800 492 452

Email: rss@waidc.govt.nz www.waikatodistrict.govt.nz

Application for Temporary Authority

Section 136, Sale and Supply of Alcohol Act 2012

To: The Secretary

District Licensing Committee Waikato District Council Private Bag 544 Ngaruawahia 3742

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

Details of Applicant	
Full legal name (your full legal name and advice of any other names you are known by, or the exact company name as shown on the certificate of incorporation):	
Address:	
Occupation:	Date of birth:
Daytime contact person:	Daytime telephone:
Email address:	
Postal address for service of documents:	
Town:	Post Code:
Details of Licence Tick appropriate box	
On-licence	Off-licence
Licence Number:	

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Details of Premises	(to be included only where the licence applies to any premises)	
Address:		
Trading or other name, if any:		
Conveyance Details	(to be included only where the licence applies to any conveyance)	
Type of conveyance:		
Address of home base, if any:		
Trading or other name, if any:		
Further Details		
What right, title, estate or interest does the applicant have in the premises (or conveyance), to which the application relates?		
In any business conducted in the premises (or conveyance) to which the application relates?		
Does the applicant intend to carry on the sale and supply (or delivery) of alcohol personally? [YES		
If NO, what is the full legal name, address and occupation of the person through whom the applicant intends to carry on the sale and supply (or delivery) of alcohol?		
Name:	Date of birth:	
Residential Address:		
Town:		
Occupation:		
What are the reasons for the application?		

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