



Clutha District Council

Fees \$134.93

APPLICATION FOR TEMPORARY AUTHORITY

Sections 24 and 47 Sale of Liquor Act 1989

Reg.19(1)

To: The Secretary
District Licensing Agency
PO Box 25
BALCLUTHA 9240

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

1. DETAILS OF APPLICANT

- a) Full Name _____
Address and Occupation _____ Date of Birth _____
- b) Postal Address for service of documents _____
- c) Daytime contact name and telephone number _____

2. DETAILS OF LICENCE

- a) Type of Licence On-Licence Off-Licence
- b) Licence Number _____

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) 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) to which the application relates?

ii) In any business conducted in the premises (or conveyance) to which the application relates?

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, and occupation 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 applications?

d) Has the applicant been convicted of any offence? Yes/No
If yes, give details?

Dated at _____ this _____ day of _____ 20_____

Applicant's Signature

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**NOTES**

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