

**CONSENTS DEPARTMENT**

**APPLICATION FOR A CERTIFICATE THAT THE PROPOSED USE  
OF THE PREMISES MEETS REQUIREMENTS OF THE RESOURCE MANAGEMENT ACT 1991  
(SECTIONS 9(1)(e), 55(1)(e) OF THE SALE OF LIQUOR ACT 1989)**

1. Name of Applicant:  
\_\_\_\_\_
2. Name of Premises/Establishment:  
\_\_\_\_\_  
\_\_\_\_\_
3. Address of Premises in respect of which a Licence Application is to be made:  
\_\_\_\_\_  
\_\_\_\_\_
4. Legal Description of Property:  
\_\_\_\_\_
5. State what Section of the Liquor Act is the Application made (On-Licence, Off-Licence, Club Licence):  
\_\_\_\_\_
6. Specifically state the proposed use of the premises in respect of which the Licence Application is being made (e.g. shop, restaurant, hotel, cabaret, club, winery etc):  
\_\_\_\_\_  
\_\_\_\_\_
7. State how the Premises were established (e.g. permitted activity, resource consent, existing use rights). Please attach supporting evidence/documentation (such as a copy of Council decision on a Planning Application):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A Resource Management Certificate under the Sale of Liquor Act will only be issued in respect of an application which complies fully, as a permitted activity, with the District Plan provisions, or the application is for a renewal. Otherwise Resource Consent or Certificate of Compliance will be required.

8. If the use has been established by a Planning or Resource Consent, please supply evidence that all conditions of any consent have been complied with:  
\_\_\_\_\_  
\_\_\_\_\_
9. Please state in detail the proposed use of the premises namely:
  - (a) Hours and days of operation or the frequency with which the premises will be used:  
\_\_\_\_\_  
\_\_\_\_\_

- (b) The number of people the premises will cater for:  
\_\_\_\_\_
- (c) The number of available carparks:  
\_\_\_\_\_
- (d) The range of alcoholic beverages that will be available (wineries only):  
\_\_\_\_\_

10. The Application must be accompanied by a scaled site plan showing:

- (i) All buildings;
- (ii) Carparking/manoeuvring area;
- (iii) Entrances and exits to and from the site;
- (iv) All areas to be used for the sale, supply, consumption of liquor.

**DEPOSIT FEE OF \$190.00 MUST ACCOMPANY THIS APPLICATION**

Resource Management Certificate under Sale of Liquor Act (renewal only as per previously issued certificate [\$190.00 deposit], otherwise resource consent or certificate of compliance will be required at the charges listed on the Auckland Council's website [www.aucklandcouncil.govt.nz](http://www.aucklandcouncil.govt.nz))

**Notes:**

1. The deposit includes administration, lodgement, records scanning and other charges based on the hourly rates. Photocopying will be charged per sheet.
2. An assessment of total fees will be made based on actual cost. The deposit is deducted from the actual cost to determine if there are any additional charges to pay.
3. Interim accounts may be calculated and additional fees and charges may be required to retain accounts in credit.

I enclose the deposit fee of \$190.00

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

Contact Phone:  
(8.00am – 4:30pm): Home: \_\_\_\_\_ Work: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**PRIVACY ACT 1993**

- (1) *Personal information obtained in this application is primarily for establishing applicant identity and, when the application has been approved or declined, for administration, monitoring and enforcement.*
- (2) *The information may be released to any inquirer about the application, the refusal of the application or in relation to the exercise of the approval of this application.*
- (3) *The information will be held by Auckland Council.*
- (4) *The information may be provided to the Medical Officer of Health or Liquor Licensing Authority and will be used for verifying and amending the Council's ownership and occupier records (the Rating Roll) and will be released in accordance with the Rating Powers Act 1988 and to Valuation New Zealand.*
- (5) *You have the right to access the information and to request its correction.*

<b>For Office Use Only</b>	
Fee Paid: \$190.00	Code: Pre-Payments
Receipt No:	Date of Issue:
Date:	Officer: