



1. DETAILS OF APPLICANT

FULL NAME:

ADDRESS:

OCCUPATION:

DATE OF BIRTH: MALE FEMALE

POSTAL ADDRESS:

EMAIL ADDRESS: DAYTIME CONTACT NUMBER:

2. EVENT DETAILS

EVENT ORGANISER(S):	FULL NAME	GENDER	DATE OF BIRTH
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

NATURE OF EVENT:

VENUE OF EVENT: TARGET AUDIENCE:

DATE(S) OF EVENT: TIME(S) OF EVENT:

WILL FOOD BE SOLD OR SUPPLIED AT THE EVENT? YES NO

3. DETAILS OF PREMISES

NAME OF PREMISES:

LOCATION OF PREMISES:

ARE THE VENUE OWNERS/OPERATORS AWARE OF THE EVENT? YES NO

DO THE VENUE OWNERS/OPERATORS APPROVE OF THE EVENT? YES NO

IF YES, PROVIDE EVIDENCE OF THIS... (tick if evidence is supplied)

4. EVENT ALCOHOL CONTROL PLAN

Please provide a detailed plan entailing the provisions that will be implemented by the organisers in order to ensure that the event is managed smoothly.

5. CERTIFIED MANAGER(S)

Please indicate person(s) responsible for overseeing the sale or supply of liquor during this event. Preferably, name at least one person that currently holds a Manager's Certificate. If not the holder of a current Manager's Certificate, arrangements should be made for the following to apply for a Manager's Certificate.

FULL NAME	MGR CERTIFICATE NO	CONTACT NO

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT TO INCLUDE THE FOLLOWING WITH THIS APPLICATION FORM:

- Approval Letter from Te-Aronga-Mana of the area
- Event Alcohol Control Plan
- Health Food Certificate
- Police Report

For Office Use Only

LICENCE NUMBER:

Date Licence Issued:

Date Paid:

Receipt No: