

New On Licence

Application Pack

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Section 1

On Licence Application

Application for On Licence

Pursuant to section 100 of the Sale and Supply of Alcohol Act 2012

How to apply for a new On licence

Follow the instructions below to apply for a new on licence to sell and supply alcohol for consumption in a premise.

Your application will not be lodged unless the application is completed correctly, and all documentation is supplied. Incomplete applications will not be accepted.

What you need to do

- Supply a completed application form.
- Supply all required supporting documents (see 'what to include').
- Calculate and pay fee (see page 3) – Please note payment is to be made upon application.

What to include

- ☐ Completed application form.
- ☐ Application fee and annual fee (see page 3).
- ☐ Detailed A4 scale map of the interior of the premises showing:
 - the areas used for the consumption of alcohol (include outdoor areas)
 - the areas that are to be designated (restricted, supervised, or undesignated)
 - the principal entrance
 - layout of the interior of the premises – where tables, chairs, toilets and kitchen are located.
- ☐ Host responsibility policy – this is to outline the strategies that your premises will implement to provide a safe drinking environment. Please refer to www.alcohol.org.nz for tips on how to create a host responsibility policy. The policy should cover (but not be limited to);
 - what food will be provided
 - what low-alcohol and non-alcohol drinks will be provided
 - managing prohibited persons, minors and intoxicated persons
 - information relating to alcohol promotions and alternative transport options
 - what security systems will be in place
- ☐ Copies of each current manager's certificate for those nominated to manage the premises.
- ☐ Certificate of Incorporation **and** Company Extract
- ☐ Street map showing the location of the premises.
- ☐ A photo or artists impression of outside the premises including the main entrance.
- ☐ Building owner consent supporting the sale of alcohol and confirmation term of tenure.
- ☐ A copy of the menu (food and alcohol menu) and food registration number.
- ☐ Public Notice.

IMPORTANT NOTE:

Applications may take up to 8 weeks to process. To ensure the application is processed quicker, please include all requested documents upon application, otherwise there may be delays with your application.

How to calculate your fees

Fees are set out under the Sale and Supply of Alcohol Fees Regulations (2013). They are a risk-based fee for all alcohol licenses.

Use the tables below to calculate the fee to be paid when lodging your application.

Select one box from both of the tables below, then add it together to get your total weighting for your application fee.

	Weight	Type of premises	Definition
<input type="checkbox"/>	15	Class 1 Restaurant <i>Restaurant, night club, tavern</i>	Restaurants with a significant separate bar area which, in the opinion of the Territorial Authority, operate that bar at least one night a week in the nature of a tavern, such as serving alcohol without meals to tables in the bar area.
<input type="checkbox"/>	10	Class 2 Restaurant <i>Hotel, function centre</i>	A restaurant that has a separate bar (which may include a small bar area) but which, in the opinion of the Territorial Authority, does not operate that area in the nature of a tavern at any time.
<input type="checkbox"/>	5	Class 3 Restaurant <i>Other premises not specified above or below</i>	A restaurant that only serves alcohol to the tables and does not have a separate bar area.
<input type="checkbox"/>	2	BYO Restaurant, theatre, cinema, winery cellar door	
<input type="text"/> 1 Total Points			

	Weight	Trading hours allowed by licence
<input type="checkbox"/>	0	2:00am or earlier
<input type="checkbox"/>	3	Between 2:01am and 3:00am
<input type="checkbox"/>	5	Any time after 3:00am
<input type="text"/> 2 Total Points		

Add your points together from the above sections to get your weighting

1 Total Points + 2 Total Points = Total Weight

Tick the risk rating that matches the total points (as previous):

	Total points	Risk Rating	Application fee (incl GST)
<input type="checkbox"/>	0 - 2	Very low	\$600.00
<input type="checkbox"/>	3 – 5	Low	\$994.00
<input type="checkbox"/>	6 – 15	Medium	\$1,456.00
<input type="checkbox"/>	16 – 25	High	\$1,669.00
<input type="checkbox"/>	26 +	Very High	\$1,969.00

These fees are as per the current years' Fees and Charges and are inclusive of GST.

If the application is granted, the annual fee must be paid before the licence will be issued. An invoice will be issued (if it hasn't been done so already) once the decision is made.

Public notice

In order to satisfy the notification requirements of section 101 of the Act please ensure you:

- within 10 working days after filing the application you must fix a notice of the application in the prescribed form in a conspicuous place on or adjacent to the site which the application relates to
- we will place a copy of the application on our website at no cost at:
www.wdc.govt.nz/AlcoholNotices

Annual fee information

You will be charged an annual fee if your application is approved. An invoice will be sent upon application approval. Please see the annual fee table below for your reference.

Total points	Risk Rating	Application fee (incl GST)
0 - 2	Very low	\$262.00
3 – 5	Low	\$637.00
6 – 15	Medium	\$1,031.00
16 – 25	High	\$1,687.00
26 +	Very High	\$2,344.00

Total amount to pay (application fee + annual fee)

Application fee:	\$
Annual fee (if approved)	\$
Total to pay:	\$

Full payment is to be made upon application.

Payment options

You can pay your invoice online at www.wdc.govt.nz/PayApplication

Alternatively, you can pay via internet banking or in-person by cash, EFTPOS or credit card at any of our Customer Service Centres.

Office use only

Payment

Application fee (incl GST) \$	_____	Receipt number	_____	Receipt Amount \$	_____
Cashier name	_____	Payment received	Y / N		
Date received	_____	Date vetted	_____	Date completed	_____

Application for On Licence

Pursuant to section 100 of the Sale and Supply of Alcohol Act 2012

To the Secretary of the Whangārei District Licensing Committee, this application for an on licence is made in accordance with the particulars set out below.

Applicant details

- Full legal name of the applicant: _____
 (name to appear on licence) _____
 Contact name: _____
 Driver Licence number: _____
 Contact phone: _____
 Contact email address: _____
 Postal address for service of documents: _____

- Has the applicant (or any company director) been convicted of any offence?

☐ Yes ☐ No

If yes, what was the nature of the offence, date of conviction and penalty suffered?
 (other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate Act) 2004 applies)

Nature of the offence	Date of conviction	Penalty suffered

- What experience and training does the applicant have with operating a licensed premises?
Please provide examples

- Are you applying as an individual?

☐ Yes (skip question 7) ☐ No (go to question 7)

- What is your occupation? _____
- Date of birth: _____
 Place of birth: _____

Company details

7. Full details of each director/shareholder or partner. If this is a public company, please supply details of each person who holds 20% or more of the shares, or any class of shares issued by the company.

	Shareholder / Director / Partner	Shareholder / Director / Partner	Shareholder / Director / Partner
Name			
Address			
Driver Licence no.			
Date of Birth			
Place of Birth			
Designation			
Number of shares			

Premises details

8. Address of proposed licensed premises: _____ Post code: _____
9. Proposed trading name of the premises: _____
10. What form of tenure and term of tenure will the applicant have?
 Type of tenure: _____
 Tenure expiry date: _____
 Full legal name of owner: _____
11. What part (if any) of the premises is intended to be designated? *Leave blank if the entire premises are undesignated*
☐ Restricted area: _____
(no one under 18 allowed on site)
☐ Supervised area: _____
(minors only permitted with parents / legal guardians)

Business details

12. Has the premises held a licence previously? ☐ Yes ☐ No
 Licence number: _____
 Licence expiry: _____
13. What is the general nature of the business to be conducted by the applicant if the licence is granted? *e.g. hotel, tavern, restaurant etc*

14. Is the sale of alcohol intended to be the principal purpose of the business?

☐ Yes ☐ No

If no, what is intended to be the principal purpose of the business?

15. Will there be the intention to sell any other goods other than alcohol and food, or providing services other than those related to alcohol and food?

☐ Yes ☐ No

If yes, what is the nature of those other goods or services?

16. The days and hours where the premises intend to sell alcohol under the licence:

<input type="checkbox"/> Monday	hours from	_____	to	_____
<input type="checkbox"/> Tuesday	hours from	_____	to	_____
<input type="checkbox"/> Wednesday	hours from	_____	to	_____
<input type="checkbox"/> Thursday	hours from	_____	to	_____
<input type="checkbox"/> Friday	hours from	_____	to	_____
<input type="checkbox"/> Saturday	hours from	_____	to	_____
<input type="checkbox"/> Sunday	hours from	_____	to	_____

17. Managers details – list of all certified managers of the premises:

Name	Date of birth	Certificate number	Certificate expiry

18. What staff training will be provided to ensure compliance with the Act and your host responsibility policy? *Please provide a plan of what the training is, who it's provided by and when it's planned for or when completed.*

Training	Provider	Planned / completed

Training	Provider	Planned / completed

19. Has the applicant or any related businesses appeared before the Alcohol Regulatory and Licensing Authority for any reason?

☐ Yes ☐ No

Licensing details

20. Food Registration: _____
 Expiry: _____

21. Will you be offering outdoor dining? ☐ Yes ☐ No

22. Do you wish to include this area on your alcohol licence? ☐ Yes ☐ No

23. Are you operating as a BYO-only restaurant and intend to be endorsed under section 37 of the Act for a BYO-only restaurant?

☐ Yes ☐ No

24. Are you operating as a caterer only wanting to serve alcohol at events outside of your premises?

☐ Yes ☐ No

25. Are you intending to be endorsed under section 38 of the Act to operate as a caterer?

☐ Yes ☐ No

Important note

The NZ Police report on all applications and provide information of any convictions or concerns involving the applicant to the District Licensing Committee.

The personal information that you provide in this form will be held and protected by Whangarei District Council in accordance with our privacy statement: www.wdc.govt.nz/Privacy

Applicant's full name: _____

Applicant's signature _____

Date (DD / MM / YYYY) _____

Evacuation Scheme Declaration Form

This declaration is to be completed, signed, and returned with your application, even if an evacuation scheme is not required.

I _____ (full name) licence holder of the premises known as
_____ (trade name) situated
at _____ (premises address)
state:

- ☐ The owner of the building in which the premises are situated provides and maintains an evacuation scheme as required by section 76 of the Fire and Emergency New Zealand Act 2017.
- ☐ Because of the building's current use, its owners are not required to provide and maintain such a scheme
- ☐ Because of the nature of the building, its owner is exempt from the requirement to provide and maintain such a scheme.

A registered evacuation scheme is required when:

- the building can hold more than 100 people
- there are more than 10 employees in the entire building
- overnight accommodation is provided for more than five people

Please contact the Fire and Emergency NZ for more information about evacuation schemes and fire safety requirements.

Applicant's full name: _____

Applicant's signature

Date (DD / MM / YYYY)

Owner's full name: _____

Owner's signature

Date (DD / MM / YYYY)

To be displayed at the front entrance of your premises (not applicable to a conveyance)

Public notice of application for On Licence

Section 101, Sale and Supply of Alcohol Act 2012

(Licensee name) _____

has made application to the Whangarei District Licensing Committee for the issue of an on licence in respect of the premises situated at

(Address) _____

and known as _____

The general nature of the business to be conducted under the licence is (e.g. hotel, tavern, restaurant, entertainment / night club, sports club)

The days on which and the hours during which alcohol is sold under the licence are:

The application may be inspected during ordinary office hours at the office of the Whangarei District Council, District Licensing Committee, Te Iwitahi (civic centre), 9 Rust Avenue, Whangārei.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 25 working days after the date of the first publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Whangarei District Council, Private Bag 9023, Te Mai, Whangārei 0143.

No objection to the issue of a licence may be made in relation to a matter other than a matter specified in section 105(1) of the Sale and Supply of Alcohol Act 2012.

This notice is published on the Whangarei District Council website.

Section 2

Liquor Planning Certificate Application

RMA Certificate Checklist

To be accepted for processing, please attach **two (2) copies** of the following information in support of your application along with the payment of the advance fee/deposit. If inadequate information is supplied, this may cause delays in processing the application.

Customer	Office	
<input type="checkbox"/>	<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	<input type="checkbox"/>	Covering letter
<input type="checkbox"/>	<input type="checkbox"/>	Brief description of type of business/number or patrons
<input type="checkbox"/>	<input type="checkbox"/>	Assessment against the rules of the District Plan
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of title (no more than 6 months old)
<input type="checkbox"/>	<input type="checkbox"/>	Owner's authorisation letter (if not the owner)
<input type="checkbox"/>	<input type="checkbox"/>	Site plan showing the location of the building tenancy and any onsite parking spaces
<input type="checkbox"/>	<input type="checkbox"/>	Floor plan showing the layout and uses of the building/tenancy including any outdoor areas. The area(s) of the premises and/or the site where liquor is sold, supplied or consumed must be shown.
<input type="checkbox"/>	<input type="checkbox"/>	Signage detail (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	If relevant, a copy of the most recent resource consent or any previous liquor certificates for the premise
<input type="checkbox"/>	<input type="checkbox"/>	Advance fee/deposit

CSR checklist completed by		Date
		Receipt no

Application for Liquor Planning Certificate

To: RMA Consents
Whangarei District Council
Private Bag 9023
Te Mai
Whangārei 0148

consentsadmin@wdc.govt.nz

Office Use Only

Date Received:
Time received:
Payment Received:

Tech 1 App #:
Property #:
Land #:

Planner:

This application form should be used when applying for the necessary planning certificate to accompany an application for a liquor licence, as required by Section 100(f) of the Sale and Supply of Alcohol Act 2012. If you are making an application for a licence, please use the alcohol licensing forms as detailed on our website: www.wdc.govt.nz/Alcohol

This form is designed to provide us with your contact information and details about your proposal that are required for us to process your application. If you fail to complete this form and provide the necessary information, including the deposit fee, your application may not be accepted for processing. Prior to paying your deposit fee you may request an invoice from us.

1 Application details

Full name of applicant(s): _____

Postal address: _____

Phone: _____ Email: _____

I hereby apply to Whangarei District Council for (please tick all relevant):

- ☐ On-licence - sale of liquor for consumption on the premises
- ☐ Off-licence - sale of liquor for consumption off the premises
- ☐ Club-licence - sale of liquor for consumption of club members

Please indicate the reason for this application (please tick all relevant):

- ☐ Brand-new premises (whether built or not)
- ☐ Already licensed (new owner seeking new licence)
- ☐ Existing premises either not previously licensed or licensed for different type (i.e.: change of use)
- ☐ Variation of condition of existing licence (i.e.: hours)
- ☐ Redefinition of licensed premises (i.e.: area)

Is there an existing licence for the premises? ☐ Yes / ☐ No

If yes:

What is the existing planning certificate and/or liquor licence number? _____

What are the approved hours of operation of the premises? _____

What area (m²) of the building does this license cover? _____

Is the activity legally operating as a permitted activity under the Whangarei District Plan, under an approved resource consent or under existing use rights in accordance with section 10 of the Resource Management Act 1991? ☐ Yes / ☐ No

If there is an existing resource consent, certificate of compliance or certificate of existing use, for the activity or building to which your premises relates please provide reference: _____

2 The site

Physical address: _____

Legal description(s): _____

Name of premises: _____

3 The activity

The nature of the business being applied for is (please tick all relevant):

- ☐ Tavern or bar ☐ Entertainment venue ☐ Mail order ☐ Hotel
☐ Sports Club ☐ Restaurant or cafe ☐ Supermarket ☐ Bottle store
☐ Grocery Store ☐ Other (please specify) _____

Is a change proposed to approved hours of operation? ☐ Yes / ☐ No

The proposed hours of business operation are: _____

The area (m2) of the building to be licensed is: _____

Are alterations to existing buildings on the application site proposed? ☐ Yes / ☐ No

If yes, please describe these alterations and attach a plan(s) that clearly show the alterations

Are there any existing signs on the application site? ☐ Yes / ☐ No

If yes, please list the size, type and location of each existing sign (e.g. one new 1.5m wide x 1.5m high wall-mounted sign attached to the northern elevation of the building) and / or attach plans providing these details.

Are any changes proposed to existing signs and/or any new signs proposed on the application site? ☐ Yes / ☐ No

If yes, please list the size, type and location of each sign (e.g., one 0.2m high x 1.5m wide sign attached to the veranda of the building) and / or attach plans providing these details.

4 Owner / Occupier details (if different from applicant)

Owner(s):

Full name: _____

Postal address: _____

Phone: _____ Email: _____

Occupier(s):

Full name: _____

Postal address: _____

Phone: _____ Email: _____

5 Information requirements**I attach:**

- ☐
- Certificate of title and relevant interests

Search copy must be dated within the last 3 months

- ☐
- Site plan detailing the location of the building tenancy within the site

- ☐
- Floor plan showing the layout and use of the building/ tenancy including any outdoor areas.

The area(s) of the premises and/or the site where liquor is to be sold, supplied or consumed must be clearly shown.

- ☐
- Plan(s) showing any alterations to the existing building on application site

- ☐
- Plan(s) detailing all existing and proposed signs as described in Section 3 of this application form

- ☐
- Copy of any resource consent, certificate of compliance, existing use certificate, liquor planning certificate and liquor licence relating to the premises

- ☐
- Assessment against the rules of the District Plan (where the activity is legally operating as a permitted activity under the Whangarei District Plan rather than under a resource consent)

6 Declaration of applicant or authorised agent**Privacy:**

We require the information you have provided on this form to process your application and to collect statistics. We will hold and store the information, including the form and all associated reports and attachments, on a public register. The details of your application may also be made available to the public on our website.

The details are collected and disclosed to inform the general public and community groups about all applications which have been processed or issued through us. If you would like to request access to, or correction of any details, please contact us.

A link to Council's full Privacy Statement is as follows: www.wdc.govt.nz/Privacy

Fees and charges:

Subject to rights to object to, or appeal a decision on costs, in making an application you undertake to pay all costs associated with your application.

This includes:

- paying an advance fee deposit at time of lodgement*
- paying any additional costs of processing the application, including any interim invoice or invoice issued at the time a decision is made on your application*
- paying all fees associated with monitoring the conditions of an approved consent, including payment of an advance deposit fee for monitoring at the time that a decision on an application is issued*
- paying all costs (including debt collection or legal fees) of recovering any unpaid costs.*

All fees are payable in accordance with our 'Schedule of Fees and Charges':

www.wdc.govt.nz/FeesandCharges

Please note: *Where the advance fee paid is a deposit fee, you will be invoiced for any outstanding costs associated with processing the application when a decision on your application is issued.*

An advance fee for costs associated with monitoring the conditions of your consent is payable at the time of a decision on your application is issued.

In some cases, interim billing for processing costs may also occur. You will need to pay any such invoice to enable the application to continue to be processed.

Payment options: www.wdc.govt.nz/PayApplication. Please quote the type of application and name of the applicant when making your payment.

Site visit:

By signing this form, you confirm that we are permitted to undertake a site inspection(s). In relation to any such site inspection, you are responsible for providing us with information as necessary to ensure we can undertake a safe and accessible site visit.

In the case that we visit the site and are unable to undertake the site visit because of safety or access issues that have not been disclosed, you will be responsible for any costs associated with re-visiting the site, in addition to those associated with the initial visit.

Applicant declaration: (required where authorised agent is not acting on your behalf)

I / we confirm that I / we have read and understood the above.

I undertake to pay all costs associated with this application. I also agree to pay all the costs (including debt collection or legal fees) of recovering any unpaid costs.

Applicant name: _____

Applicant signature _____ Date: _____

Applicant name: _____

Applicant signature _____ Date: _____

Authorised agent declaration:

As authorised agent for the applicant, I confirm that I have read and understood the above information and have fully informed the applicant of their obligations in connection with this application, including obligations relating to payment of fees and other charges. I confirm that I have the applicant's authority to sign this application on their behalf.

Agent's signature _____ Date: _____

Name of agent: _____

Company name _____ Reference: _____

Postal address: _____

Phone: _____ Email: _____

7 Address for service

Please send all correspondence to (select one):

- ☐ The applicant
- ☐ The authorised agent
- ☐ Other (*please provide details*)

Full Name: _____

Postal address: _____

Phone: _____ Email: _____

Section 3

Building Code Certificate Application

Building Code Certificate Checklist

Customer**Office**☐☐

Application form completed and signed

☐☐Scale plan of premises (*see guidelines*)☐☐

Fees

CSR checklist completed by: _____

Date: _____

Receipt no: _____

Building Code Certificate Application

Under the Provisions of the Sale and Supply of Alcohol Act 2012

Premises details

Full address / location of premises: _____

Legal description: Lot _____ DP _____ or section _____ SO _____

State the proposed use of the premises (e.g. shop, cabaret, restaurant, motel, hotel, club etc):

Please ✓ the appropriate box:

☐ On licence _____

☐ Off licence _____

☐ Club _____

If there is an existing On Licence, please state the general nature of the business:

☐ On licence _____

If there is an existing Off Licence, please state type:

☐ Off licence _____

Existing name of premises _____

Proposed name of premises (if any) _____

If these premises were not previously licensed, please state previous use (e.g. warehouse, retail, office or residential) the premises are located in

☐ Existing building that will not have a change of use.

☐ Existing building that will have a change of use and require a building consent.

BC no: _____

☐ Existing building requiring upgrade or currently under building alternation.

BC no: _____

☐ New building BC no: _____

Intended maximum occupant number _____

Applicant details

Name of applicant _____

Street address _____

Postal address *if different from above* _____

Contact numbers _____

Declaration and signature

I hereby apply for a certificate that my premises comply with the Building Code requirements. This application is made to comply with the provisions of the Sale and Supply of Alcohol Act 2012, Section 100(f).

Signature

Date

Section 4

Food Registration Application



Application for registration under Food Act 2014 with a local council

A food business with only one site

Before you start, let's check that you have everything you will need:

- The completed scope of operations document. Find this at www.mpi.govt.nz or ask Environmental Health staff.
- If you are applying for a National Programme (NP) registration, you can choose your verifier. You will need a confirming letter from your verifier to attach to this application. A list of recognised verification (or audit) agencies can be found on the MPI website, under 'registers and lists'. WDC is a recognised verification agency. The law requires Councils to verify businesses registered under the template food control plan.
- If your business is a registered limited liability company, a copy of the company registration certificate. See www.companies.govt.nz
- You need to make sure you can confirm that the operator of the food businesses is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007.
- If you were registered with either the Ministry for Primary Industries (MPI) or your local council before 1 March 2016, make sure you have your previous registration IDs on hand. These are IDs such as *FSA-JBIP-12345* or *WEBB-12345*.

What type of registration are you applying for?

- ☐ MPI template food control plan: Food Service, Care Safe and Specialist Retail
- ☐ NP 3
- ☐ NP 2
- ☐ NP 1

(Hint: You will know which type of registration after you have completed the scope of operations document.)

If you were registered before 1 March 2016, what was your registration ID number?

If the business was operating before you took over the operation:

I confirm the existing business (trading as) _____

will cease trading on (take over date) _____

- ☐ I have enclosed the registration certificate for the previous operator.

Who is the operator of the food business?

APPLICANT DETAILS			
Legal Name of Operator (registered company, partnership or individual/s)	<input type="checkbox"/> I have attached a copy of the company name registration from the New Zealand Companies office, see www.companies.govt.nz		
NZ Business Number	If you have a New Zealand Business Number (NZBN), provide this. For more information about NZBN's, including how to get one, see https://www.business.govt.nz/companies		
TRADING NAME			
OWNER DETAILS			
Owner 1		Mobile	
Owner 2		Mobile	
Email	This email will be used for communications about your registration, such as sending approval documents, renewal reminders and invoices. Please check your SPAM inbox. Contact us if this email changes.		
POSTAL ADDRESS		PHYSICAL / COURIER ADDRESS (if different to Postal Address)	
Address		Address	
Town/City		Town/City	
Postcode		Postcode	
<input type="checkbox"/> This address is a private dwelling/house and I wish it to be withheld from the public register.		<input type="checkbox"/> This address is a private dwelling/house and I wish it to be withheld from the public register.	
DAY-TO-DAY OPERATOR / MANAGER DETAILS			
Name			
Address			
Position			
Address			
Email		Mobile	

Who will be doing your verification?

Council	<input type="checkbox"/>
Other – insert name of verification agency	<input type="checkbox"/> I have attached a confirming letter from my verification agency.

Have you attached the scope of operations document for your business?

☐ Scope of Operations attached

Applicant Statement

I confirm that:

- 1) I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and
- 2) The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and
- 3) The operator is resident in New Zealand within the meaning of section YD 1 or YD 2 (excluding section YD 2(2)) of the Income Tax Act 2007; and
- 4) The operator of the food business is able to comply with the requirements of the Food Act 2014.

Name		Job Title	
Signature		Date	

Payment & Contact Details

Health and Bylaws Department

Whangarei District Council

Te Iwitihi

9 Rust Avenue

Whangarei

Tel: 09 430 4200

Email: mailroom@wdc.govt.nz

You will be emailed your invoice for Registration and your initial Verification, following submission of your application. The registration process can take up to 20 working days.

Final Check before sending your application to (TA to insert preferred address)

Have you:

- ☐ filled this form in completely and legibly?
- ☐ attached the completed scope of operations document?
- ☐ attached a letter from your Verifier if that isn't Council?
- ☐ attached copies of company registration certificates if you have a registered limited liability company?
- ☐ read and signed the Applicant Statement?
- ☐ attached signed consent from the property owner authorising this activity to be carried out?
(for domestic kitchens only, if you do not own the property)

Collection of Information

Collection of Personal Information

Under the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of registering under the Food Act 2014; and
- The recipient of this information, which is the agency that will collect and hold the information, is WDC, Private Bag 9023, Whangarei, 0148; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 53 or section 83 of the Food Act 2014, which ever applies. The provision of this information is necessary in order to process an application for registration under either section 53 or section 83; and
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to register, in accordance with section 54 and 57 or section 84 and 87, of the Food Act 2014, which ever applies; and
- Under the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

Collection of Official Information

- All information provided to Whangarei District Council and the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.
- If a request is made under that Act for information you have provided in this application, Whangarei District Council must consider any such request in accordance with its obligations under the Official Information Act 1982 and any other applicable legislation.

Template Food Control Plans and National Programmes

All businesses to complete questions 1 & 2 (Tick as applicable)

1. Trading Operations – How do you distribute your products or services?

Caterer		Eat-in premises		Export food	
Home Delivery		Import food		Internet sales	
Market sales		Mobile trader		Retail sales	
On-licence premises		Storage provider		Takeaway	
Transport provider		Wholesale			

2. What processes do you use to make your food?

Acidification		Aseptic processing/packaging		Canning/retorting		Concentration	
Drying		Fermentation		Handling chilled ready to eat products		High-pressure processing	
Holding food at serving temperature		Irradiation		Novel or unique processes		Pasteurisation (with heat)	
Processing chilled ready to eat products		Reheating		Slow or low temperature cooking		None of the above	

Template Food Control Plan (FCP) businesses to complete: *(Tick as applicable)*

Template Food Control Plan	SECTOR	PRODUCT(S)
	Food Service Sector: Make or prepare food <i>(to be eaten straight away)</i>	<input type="checkbox"/> Ready to eat meals & snacks served direct to customers (to order) <input type="checkbox"/> Minimally processed fruits & vegetables processed and sold direct to customers <input type="checkbox"/> Sushi <input type="checkbox"/> Doner Meat <input type="checkbox"/> Chinese Style Roast Duck
	Food Retail Sector: Make or prepare food	<input type="checkbox"/> Raw Meat, Poultry & Seafood <input type="checkbox"/> Processed meat, poultry and seafood products (E.g. salami, sausages, jerky, smoked chicken, raw or cooked processed or ground meats) <input type="checkbox"/> Minimally processed fruits & vegetables retailed <input type="checkbox"/> Processed fruits & vegetables sold (E.g. pesto, fruit salads, frozen vegetables, coleslaw) <input type="checkbox"/> Baked products without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Ready to eat meals & snacks retailed (E.g. sandwiches, meat pies) <input type="checkbox"/> Sauces, Soups, Dressing or toppings <input type="checkbox"/> Shelf-stable products

National Programme Level 3 businesses to complete: <i>(Tick as applicable)</i>		
National Programme Level 3	SECTOR	PRODUCT(S)
	Food Retail Sector: Handle food but <u>does not</u> make or prepare food	<input type="checkbox"/> Egg products <input type="checkbox"/> Raw Meat, Poultry & Seafood <input type="checkbox"/> Processed meat, poultry and seafood products <i>(E.g. salami, sausages, jerky, smoked chicken, raw or cooked processed or ground meats)</i> <input type="checkbox"/> Manufacture/Process Dairy products <input type="checkbox"/> Minimally processed fruits & vegetables retailed <input type="checkbox"/> Processed fruits & vegetables sold <i>(E.g. fruit salads, frozen vegetables, coleslaw)</i> <input type="checkbox"/> Baked products without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Ready to eat meals & snacks retailed <i>(E.g. frozen meals, sandwiches, meat pies)</i> <input type="checkbox"/> Sauces, Soups, Dressing or toppings <input type="checkbox"/> Infant formula <input type="checkbox"/> Shelf-stable products <i>(E.g. packaged biscuits, canned foods, bulk bin foods)</i>
	Brewers, Distillers, Manufacturer or vinegar, alcohol or malt	<input type="checkbox"/> Beer <input type="checkbox"/> Processed Cereal & Meal products <input type="checkbox"/> Wine & Wine products <input type="checkbox"/> Alcoholic beverages – other <input type="checkbox"/> Vinegar <input type="checkbox"/> Spirits & liqueurs
	Manufacturer of additives, processing aids, vitamins, minerals or other nutrients added to food	<input type="checkbox"/> Food Additives <input type="checkbox"/> Vitamins & Minerals <input type="checkbox"/> Processing aids <input type="checkbox"/> Yeast & Yeast products
	Manufacturer of non-alcoholic beverages	<input type="checkbox"/> Water <input type="checkbox"/> Soft drinks <input type="checkbox"/> Formulated drinks <input type="checkbox"/> Fruit/Vegetable juice
	Manufacturer of dry mix products	<input type="checkbox"/> Dried mixes containing animals products <input type="checkbox"/> Dried mixes not containing animal products
	Manufacturer of oils or fats	<input type="checkbox"/> Edible oils <input type="checkbox"/> Margarine & table spread <input type="checkbox"/> Animal fats
	Processors of herbs or spices	<input type="checkbox"/> Herbs & spices <i>(E.g. Extracting saffron, drying herbs, blending herbs)</i> <input type="checkbox"/> Salt
	Processors of grain	<input type="checkbox"/> Whole grains <input type="checkbox"/> Processed cereal & meal products

National Programme Level 2 businesses to complete: <i>(Tick as applicable)</i>		
National Programme Level 2	SECTOR	PRODUCT(S)
	Preschool food service (Early Childhood centre)	<input type="checkbox"/> Ready to eat meals & snacks <input type="checkbox"/> Infant formula
	Bake only bread and bread products	<input type="checkbox"/> Breads
	Manufacture/Make confectionary	<input type="checkbox"/> Chocolate & cocoa products <input type="checkbox"/> Sugar confectionary
	Manufacture/make crisps, popcorn, pretzels or similar snack products	<input type="checkbox"/> Crisps & chips <input type="checkbox"/> Snack products <i>(E.g. Popped popcorn, puffed rice)</i>
	Manufacture/Make shelf-stable grain products eg. Cereals, baked products	<input type="checkbox"/> Baked products, without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Pasta <i>(dried pasta)</i>
	Manufacture/Make shelf water based products	<input type="checkbox"/> Ice <input type="checkbox"/> Water based desserts
	Manufacture/Make dried or dehydrated fruit or vegetables	<input type="checkbox"/> Processed fruits & vegetables <i>(E.g. Fruit leather, dried fruits)</i> <input type="checkbox"/> Dried fruit & nut mixes
	Manufacture/make frozen fruit or vegetables	<input type="checkbox"/> Processed fruit & Vegetables
	Manufacture/Make shelf-stable condiments	<input type="checkbox"/> Processed fruit & vegetables <i>(E.g. jams, chutneys etc)</i> <input type="checkbox"/> Fermented fruit & vegetable products <input type="checkbox"/> Processed meat, poultry & seafood products <input type="checkbox"/> Sauces, spreads, soups, dressings & toppings <input type="checkbox"/> Fermented sauces <input type="checkbox"/> Nut & Seed products <i>(E.g. Peanut butter, bean paste)</i>
	Process nuts, seeds and/or coffee	<input type="checkbox"/> Nuts & seeds <i>(E.g. Roasted peanuts, spiced cashews)</i> <input type="checkbox"/> Coffee bean products <i>(E.g. coffee roasters)</i> <input type="checkbox"/> Nut & seed products <i>(E.g. Nut or seed flour)</i> <input type="checkbox"/> Dried fruit & nut mixes
	Retail manufactured packaged chilled and/or frozen food	<input type="checkbox"/> Eggs <input type="checkbox"/> Raw meat, poultry & seafood <input type="checkbox"/> Processed meat, poultry & seafood products <input type="checkbox"/> Dairy products <input type="checkbox"/> Processed fruit & vegetables <input type="checkbox"/> Baked products, without filling or icing <input type="checkbox"/> Baked products with filling or icing <input type="checkbox"/> Ready to eat meals & snacks <input type="checkbox"/> Sauces, Soups, Dressings, Toppings

National Programme Level 1 businesses to complete: <i>(Tick as applicable)</i>		
National Programme Level 1	SECTOR	PRODUCT(S)
	Extract or package honey	<input type="checkbox"/> Honey
	Horticultural production and packing operations	<input type="checkbox"/> Minimally processed fruits & vegetables <input type="checkbox"/> Herbs & Spices <input type="checkbox"/> Nuts & seeds <input type="checkbox"/> Mushrooms <input type="checkbox"/> Sprouts and microgreens
	Manufacturer of sugar related products	<input type="checkbox"/> Sugar <input type="checkbox"/> Sugar products <i>(E.g. Golden syrup)</i>
	Retailers of hot beverages and/or shelf stable manufacture packaged foods	<input type="checkbox"/> Hot beverages <input type="checkbox"/> Packaged Food (Shelf stable products)
	Retailers of manufacture packaged ice cream/ice confectionary (In manufacturer's packaging)	<input type="checkbox"/> Ice cream <input type="checkbox"/> Iced confectionary
	Transporters or distributors of food products	<input type="checkbox"/> Frozen food <input type="checkbox"/> Chilled food <input type="checkbox"/> Shelf stable products <input type="checkbox"/> Bulk food <input type="checkbox"/> Hot Food

Section 5

Trade Waste Application

Application under the Trade Waste Bylaw of Whangarei District Council – Food premises

Details of business (trade waste producer)

Name of business: _____

Street address: _____

Postal address: _____

Phone number: _____

Nature of activity generating trade waste: _____

Name and address of applicant (if different from above)

Name: _____

Address: _____

Phone number: _____

Details of trade waste discharge

Type of application

☐ Proposed discharge☐ Existing discharge with no consent☐ Consent renewal

Consent number: _____

☐ Variation of existing discharge

Type of variation _____

Volume and rate of discharge

Daily volume (m³): _____ or meals per hour (peak) _____

Daily / seasonal discharge _____

Proposed method of flow measurement:

☐ Calibrated meter☐ Manufacturer specification☐ Other (please specify): _____

Office use

Date received _____ File no _____

Consent no _____ Issuing officer _____

Drainage layout

Does the system include a macerator/grinder unit? ☐ Yes ☐ No

Is there a pre-treatment system (e.g., grease trap or similar) ☐ Yes ☐ No

If yes, please specify (type, volume, frequency of clean-outs): _____

Number of toilet pans and urinals on site: _____

Diameter of sewer being discharged into: _____

Please include as-built plans or sketch of drainage layout

Additional information

Please include any supporting information you may have, i.e., material safety data sheets for chemicals, existing resource consents, evidence of pre-treatment maintenance, etc

Compliance statement

(to be completed by executive representative of registered company)

The discharge referred to in this application complies with all conditions of the Trade Waste Bylaw 2023. The discharge does not contain any substances which are specifically prohibited under Schedule 1B of the Trade Waste Bylaw 2023.

I understand that under Section 4.10 of this bylaw, failure to limit trade waste discharges to within the parameters specified in Whangarei District Council's Trade Waste Consent or Special Agreement issued under this bylaw can be reasonable grounds for cancellation of this consent

Signed

Name (please print)

Designation (please print)

Organisation (please print)

Dated this _____ day of _____ 202 _____

Application checklist

All sections completed ☐ Yes ☐ No

Additional documents attached ☐ Yes ☐ No

Drainage plans / sketch attached ☐ Yes ☐ No

Application signed ☐ Yes ☐ No

Note: Application fee(s) apply.