

Planning Verification Application

(For the purposes of the Sale and Supply of Alcohol Act 2012).

Applicant name(s)

Please provide the full name of the persons, company, society or trust applying for this Planning Verification. If the applicant is a trust, please provide the full name/s of all trustees.

Seek planning verification for the following activity:

☐

On-Licence

☐

Off-Licence

--

(Description of activity)

Street Address:

--

Area of Site:

--

Legal Description:

--

Name of Premises:

--

Owner:

--

Address:

--

Occupier:

--

Address:

--

Applicant Contact Details

Postal Address:

--

Post Code:

--

Email:

--

Phone:

--

Mobile:

--

Agent Contact Details

If you have an agent or other person acting on your behalf, please complete the details below.

Agent:

--

Postal Address:

--

Post Code:

--

Email:

--

Phone:

--

Mobile:

--



Hamilton City Council
Te kaunihera o Kirikiriroa

Please Attach The Following

- ☐ Evidence of existing resource consent, or existing use rights, or permitted activity status
- ☐ Site and Floor Layout Plan (Drawn to Scale)
- ☐ Record of Title (Can be obtained from a search agent, or ordered on-line at www.linz.govt.nz/survey-titles, or by ringing 0800 ONLINE 0800 665 463).

Sale and Supply of Liquor Act 2012:

Have the premises previously held a liquor licence? ☐ Yes ☐ No

Correspondence and Invoices

Please let us know where to send any correspondence and invoices. Please note that where possible any correspondence will be sent via email.

All correspondence excluding invoices sent to: ☐ Applicant or ☐ Agent

All invoices sent to: ☐ Applicant or ☐ Agent

Signature of Applicant(s) or Agent

Payment of-fees and charges

I have read and completed any supplementary forms and/or guidance as provided by Council related to fees and charges.

I/we understand that Council will invoice me for the processing of this application. I/we undertake to pay all processing costs incurred by the Council. Without limiting the Council's legal rights, if any steps, including the use of debt collectors, are necessary to recover unpaid processing costs, I/we agree to pay all costs of recovering those processing costs. If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company, in signing this application I/we are confirming that I/we are authorised to bind and are binding the trust, society or company to pay all the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

Privacy information

The Council requires the information you have provided on this form to process your application and to collect statistics. The Council will hold and store the information, including all associated reports and attachments, on a public register. The details may also be made available to the public on the council's website. These details are collected to inform the general public and community groups about all consents which have been processed or issued through the Council. If you would like to request access to, or correction of any details, please contact the Council.

Confirmation by the Applicant

I/we confirm that I/we have read and understood the information and will comply with our obligations as set out. A signature is not required if you provide your information by electronic means.

Applicant name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Applicant name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Applicant name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>

Confirmation by the Agent:

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

Agent name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
-------------	----------------------	------------	----------------------	-------	----------------------

SEND: Email this form and supporting documents to planning.guidance@hcc.govt.nz