



Te Kaunihera-ā-Rohe o Ngāmotu

New Plymouth District Council



FORM 14

Application for variation or cancellation of conditions of licence

Section 120, Sale and Supply of Alcohol Act 2012

- This form must be accompanied by the prescribed fee.
- Within 20 working days after filing this application with the District Licensing Committee (DLC) (or 10 working days if it is an application for renewal), the applicant must give public notice of it in
Form 7 – NEWSPAPER OR INTERNET
Public notice of application for on, off or club licence or variation of conditions.
The notice must be given in compliance with regulation 37 or 38 of the Sale and Supply of Alcohol Regulations 2013 (whichever applies to this application).
- Except in the case of a conveyance, within 10 working days after filing this application with the DLC, the applicant must ensure that notice of this application in
Form 7 – NOTICE ON BUILDING
Public notice of application for on, off or club licence or variation of conditions
is displayed on the premise to which it relates, in a place (whether inside or outside the premise) where it can conveniently be read by a person outside the premise.

1. Licencee details

1a. Full legal name
 First name(s): Keelen Ann Surname: Kurth

1b. Postal address (for service of documents)
229 Timary Rd Lower RD4, New Plymouth, 4374

1c. Contact details
 Work: Home: Mobile: 0212523785

1d. Email
burgers@serialgritter.nz

2. Licence details

2a. Type of licence
 On-licence Off-licence Club licence

2b. Licence number
LIQ 21/10935

3. Premise details

Only required where the licence applies to premise that are not a conveyance.

3a. Address
1143 South Road, Oakura

3b. Trading or other name (if any)
Serial Gritter

4. Conveyance details

Only required where the licence applies to a conveyance.

4a. Type of conveyance

4b. Address of home base (if any)

4c. Trading or other name (if any)

5. Conditions

To be completed for each condition to which the application relates.

5a. Terms of condition at present:
Current opening hours due to L.A.P weekdays 5pm - 10pm

Please turn over

OFFICE USE ONLY

Date received	<u>8/12/21</u>	Applicant #	<u>625198</u>	Application #	<input type="text"/>
Time received	<u>10.15am</u>	Property #	<u>4501</u>	Document #	<input type="text"/>
Received by	<u>CT</u>	Land #	<u>36211</u>	Amount paid	\$ <input type="text"/>

Liardet Street, Private Bag 2025, New Plymouth 4340, NZ, Telephone 06-759 6060, Email enquiries@npdc.govt.nz, Website www.npdc.govt.nz

5. Conditions - continued

5b. Action sought Variation Cancellation

5c. If variation, in what respect does the applicant seek to vary the condition?

Change weekday hours to 10am-10pm

5d. Full reasons for variation or cancellation:

Sophia preschool is closing therefore no reason for restricted hours

6. Applicant's declaration

PRIVACY STATEMENT:

Information you provide in this application and any supporting documents will be used by New Plymouth District Council (NPDC) to process your application under the Sale and Supply of Alcohol Act 2012. This information will be made available to the public upon request, and will be shared with the District Licensing Committee, the Police, the Medical Officer of Health and NPDC Licencing Inspectors. This information may form part of a public hearing or other consideration of your application before the District Licencing Committee, and may be used in the Committee's decision on your application. The decision will be made publicly available.

NPDC is required to keep a record of all alcohol licence applications and the District Licensing Committee's decisions on them. NPDC is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority. Any member of the public may request access to this information under the Local Government Official Information and Meetings Act 1987. Under the Privacy Act 2020, you have the right to see and correct personal information that NPDC holds about you.

DECLARATION:

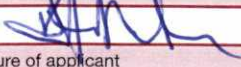
I confirm that I have read and understood the above privacy statement. I confirm that the information provided on the application form is true and correct. I understand that NPDC will send all correspondence, invoices and refunds (if any) to me and I agree that I will be responsible for, and indemnify NPDC in respect of the payment of all fees in connection with this application.

Keren Ann

First name(s)

Kurth

Surname



Signature of applicant

07/12/21

Date

New Plymouth

Place where dated and signed, e.g. New Plymouth

2. Applicant details - continued

The application may be inspected during ordinary office hours at the office of the New Plymouth District Licensing Committee at New Plymouth District Council, Liardet Street, New Plymouth.

Any person who is entitled to object and who wishes to object to the issue of the licence may, not later than 15 working days after the date of the publication of this notice, file a notice in writing of the objection with the Secretary of the District Licensing Committee at Private Bag 2025, New Plymouth 4340.

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.

No objection to the renewal of a licence may be made in relation to a matter other than a matter specified in section 131 of the Sale and Supply of Alcohol Act 2012.

3. Notification

(In the case of publication in newspaper(s)) This is the:

first second only publication of this notice.

(In the case of second publication in newspaper(s)) This notice was first published on (date):

[Empty text box for date]

4. Applicant's declaration

PRIVACY STATEMENT

Information you provide in this application is required to process your application. This information must be made available to members of the public upon request and may also be made available to other units of NPDC, NPDC's approved contractors and other government agencies.

Under the Privacy Act 2020, you have the right to access your personal information held by NPDC and request NPDC to correct any personal information it holds about you.

DECLARATION

I confirm that I have read and understood the above privacy statement. I confirm that the information provided on the form is true and correct.

First names: Keren Ann Surname: Kurth

Signature: [Handwritten Signature] Date: 07/12/2021

Place where dated and signed, e.g. New Plymouth: New Plymouth