ORGANISED LICENCED PREMISES TOURS Renewal Application Form



Activities in Public Places Bylaw 2016 Alcohol Ban Bylaw 2014 Sale and Supply of Alcohol Act 2012

Please read and complete the following checklist **BEFORE** submitting the application:

☐ Completed sig	Completed signed and dated form									
☐ Updated Con	Updated Contact information									
☐ Licence for an	Licence for any new Managers certificate holders									
☐ Proof of paym	Proof of payment									
Proof of any new staff training (first aid or security training)NOTE: Your renewal licence once paid will be renewed for 3 years.										
1. DETAILS OF APPLICANT										
Entity/Company trading name applying for the permit:										
Physical Address of office:	ddress of office:									
Postal Address:										
Email Address:										
Is the company incorporated under the Companies office?	Yes	No								
Date Registered:										
Daytime contact name:					Daytime contact number:					
Contact name during tours:					Tour contact number:					
Contact name during tours:					Tour contact number:					



2. DETAILS OF THE TOUR

If no details have changed please leave this section blank and proceed to page four – Tour organisers details. If the application is for more than one tour, please copy the following pages and describe each additional tour and number the pages. It is important to supply any additional information which may support this application

Tour number		of	f			Over how many hours in total?
Tour title:						
Start time:						
End time:						
Maximum numbe	er c	of				
patrons per tour:						
Average age of p	patron	ıs				
attending:						
Does your tour	reauir	e		Yes	No	Outside events with over 200 people (including staff)
resource consent?						require resource consent
Have you submitted	this?			Yes	No	If Yes, state resource consent number:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. 55		
Is the tour adverti	ised c	r		Yes	No	
promoted?						
Please provide the	detail	ls		l .		
of all the place						
venues the to		is				
advertised or pro	omote	d				
and include copies						
main advertising						
application:						
• •						
(e.g. Facebook,	bar.	s,				
websites, booking	agent	s,				
phone apps)						
Provide the details	s of a	II				
premises visited	durin	g				
the tour, the appro	oximat	e				
arrival and dep	partur	e				
times and the path	n take	n				
to get to and from	n eac	h				
venue:						
(please add in ad	ddition	al				
pages if required)						
How will admission						
tour be controlled?	i.e. I	D				
checks, payment						
Are members of the						
permitted to join the		ır				
once the tour	is i	n				
oneration?						

Organised Licenced Premises Tours - Renewal Application Form



What processes are in				
place for accepting				
additional customers				
during the tour?				
, , , , , , , , ,				
(e.g. Payment, ID checks, Intoxication assessment)				
Describe how the tour will				
be monitored to ensure				
compliance with all Health				
and Safety plans, Bylaws				
etc:				
Do you at any stage sell or				
supply alcohol or allow				
any BYO onto any				
unlicensed premises prior				
to the tour commencing				
or after its completion?				
If so what premises and				
for what duration for				
time?				
How is this advertised?				
Detail the type and		NOTE: potato crisps, dips, lollies and nuts are N	OT considered substa	antial food
amount of food that will		THO 12. potato erisps, arps, romes and nats are re	or considered substi	antiui jood
be available and at what				
points during the tour:				
Give details if a meal is				
being provided as part of				
the tour with approximate				
time and location:				
What types of non-				
alcoholic drinks will be				
available and how will				
they be promoted?				
(
3. SIGNATURE				
l J				
A	، ال	About Londonskon J. C. (1997) 19	had harden a state	and the production of
-	_	that I understand my obligations as prescril		es in Public Places
Bylaw 2016 and that all in	iorr	nation provided is true and correct to my kno	owieage	
Signature:			Date:	



4. LICENCED PREMISES TOUR ORGANISERS DETAILS

This section is to be completed and signed by every person(s) who will manage/organise the tour including all directors and managers. Please copy the following page for each director/manager/ and number the pages

Full					Date of birth	1:		
name:								
Phone number:			Email:					
Postal address:								
Have you managed/w	orked for an ev	vent similar	to this in			Yes	5	No
the past?								
Do you hold an LCQ co	ertificate?	Yes	No					
If yes when was this is								
Please provide the								
the training that								
provided to you in a crowd control:	regards to							
crowd control.								
What steps are being	g taken to							
avoid any person or	_							
the tour causing a nui	sance?							
Please provide the								
the training that has been								
provided to you in regards to								
host responsibility:								
What steps are being	g taken to							
avoid any person or group on								
the tour being intoxic								
1								
5. SIGNATURE								
Į J								
	I acknowledge that I understand my obligations as prescribed by the Activities in Public Places Bylaw 2016.							
		. 1. 1				D 1.11 D1		2046
I acknowledge that I	understand my	obligations	as prescr	bed by th	e Activities in	Public Place	s Bylaw	2016.
I acknowledge that I	understand my	obligations	as prescr	bed by th	e Activities ir	Public Place	s Bylaw	2016.