

Napier City Council



Sale and Supply of Alcohol Act 2012 Application for Resource Management Certificate

THE APPLICANT (person who owns, occupies, or controls premises)

Name of applicant: _____

(include preferred form of address, e.g., Mr, Ms, Miss, Dr if an individual)

Mailing address: _____

Proposed Trading Name: _____

Location address: _____

Legal Description: _____

Daytime phone: _____

Fax number: _____

THE BUILDING IS

Description of the activity for which the certificate is being sought: _____

Hours of Operation: _____

Description of Activity: _____

(please give previous use if known)

(i.e. Restaurant, Caf , BYO, Tavern, Retail off licence, Other):

Signature of Applicant.

Date: ____ / ____ / ____

ATTACHMENTS: (The following documents are attached to this certificate)

Information as required by the District Plan - Floor Plan. (See information requirements sheet)

Office Use Only

Date: ____ / ____ / ____

Planning Officer

Receipt No: _____

Approved

Withheld