

INVITATION TO APPLY FOR MEMBERSHIP – HOROWHENUA DISTRICT LICENSING COMMITTEE

Horowhenua District Council invites applications from interested members of our community to become list members of the Horowhenua District Licensing Committee (DLC).

The DLC considers and determines applications for licences and managers' certificates, temporary authorities and special licences made under the Sale and Supply of Alcohol Act 2012.

While a committee of Council, a DLC operates with the powers of a commission of inquiry, and functions under the regulatory framework as a semi-judicial board of inquiry, making decisions that can be appealed.

DLC list member appointments are for up to five years, with the current term expiring in December. Horowhenua District Council also invites current list members wanting to retain their appointment to re-apply.

Applications close at 4pm on Thursday 8 November 2018.

For further information, please contact Vai Miller, Compliance Manager, on vaimoanam@horowhenua.govt.nz.

Please forward your completed application via post, email or in person to:

:
Post: Horowhenua District Council
Private Bag 4002
Levin 5540

Email: recordsprocessing@horowhenua.govt.nz

Person: Horowhenua District Council, 126 Oxford Street, Levin

Te Awahou Nieuwe Stroom, 22 Harbour Street, Foxton

District Licensing Committee Application Form

I wish to be considered for inclusion on the Horowhenua District Council District Licensing Committee as a List Member

I understand that the appointment is for a period of up to five (5) years and commences in December 2018.

My details are as follows:

a. Full name:

b. Address:

..... Post Code:

Telephone: Mobile:

E-mail:

c. My experience that is relevant to alcohol licensing matters is:

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d. The skills that I will bring to this position are:

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e. Work History:

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f. Any other matters:

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Signature:

Date:

The role of a District Licensing Committee member is not one of advocacy; any form of advocacy would be deemed a conflict of interest and would place any decision made by the DLC in jeopardy.

The following questionnaire is to assist with identifying actual and potential conflicts of interest; and will be used in the decision making process.

Potential Candidate Questionnaire

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| 1. | Do you have any involvement/appearance of involvement with the alcohol industry? (e.g. owner/licensee/building owner/director/ shareholder or a restaurant, bar or café holding a license, or a trustee on a charitable trust, e.g. Lions Foundation, Licensing Trust (can be a member of charitable trust but not maintain a governance position by sitting on the Board), due to funds obtained through gambling machines located in licensed premises). | Yes | No |
| 2. | Are you an alcohol industry representative? | Yes | No |
| 3. | Are you a lobbyist representative? | Yes | No |
| 4. | Are you a holder of a manager's certificate? | Yes | No |
| 5. | Have you personally submitted on a licence application? | Yes | No |
| 6. | Do you own a property or reside in close proximity to existing licensed premises? If so, which premise?
..... | Yes | No |
| 7. | Are you a member of a "club" that holds a license? If so, which club?
..... | Yes | No |
| 8. | Has an organisation that you are involved with ever submitted on a licence application? | Yes | No |
| 9. | Otherwise, are you aware of any factors that would place you in a potential conflict of interest in relation to your responsibilities or decision-making as a committee member? | Yes | No |
| 10. | Are you currently, or have you ever been adjudged bankrupt?
<i>*Please be aware that you are not obliged to declare certain offences which occurred more than 7 years ago under the Criminal Records Clean Slate Act 2004. If you have any doubts please seek legal advice before completing these questions.</i> | Yes | No |
| 11. | Have you ever been convicted of an offence to which the Criminal Records (Clean Slate) Act 2004 does not apply?
If yes, please give complete and accurate details.
..... | Yes | No |

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12. Do you have any criminal charges pending or under investigation Yes No
If yes, please give complete and accurate details.

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Name:

Address:Post Code:

Signature: Date: