Applicant Name\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trading Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Premises Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Business Declaration**

**Statement of Projected Annual Sales Revenue – Bottle Store**

*Section 32(1)(b) Sale and Supply of Alcohol Act 2012*

For the period: / / to / / , \_\_\_\_\_\_\_\_\_\_\_\_\_\_ weeks/months

Note: the 12 month statement period must be for the 12 months before the time at which the application for the renewal of an off-licence for the premises is made. The 12 month period must not end any later than 90 days before the date of the application.

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **SUB-CATEGORY** | **AMOUNT ($)** |
|  |  |  |
| **Gross sales revenue** |  |  |
| GST |  |  |
| GST exclusive revenue |  |  |
| Lotteries Commission revenue | Lotto |  |
|  | Keno |  |
|  | Instant Kiwi |  |
|  | Other (please specify) |  |
| **Net sales revenue after deductions** | **TOTAL** |  |

See next page

Break down of net sales revenue:

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **SUB-CATEGORY** | **AMOUNT ($)**  **EXCLUDING GST** | **% TOTAL NET SALES REVENUE** |
| **Alcohol** |  |  |  |
|  |  |  |  |
| **Tobacco** |  |  |  |
|  |  |  |  |
| **Other revenue** | **All other items sold on the premises** |  |  |
|  | All types of food, including food products, beverages (other than alcohol), convenience foods including confectionery, ready to eat prepared food and snack foods |  |  |
|  | All other items (eg plastic ware [plates, cutlery, tableclothes], glassware, serviettes, bottle openers, party equipment) etc |  |  |
|  | **Total** |  |  |
|  |  |  |  |
| **GRAND TOTAL** |  |  | **100%** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chartered Accountant [*insert NZICA membership no.*], verify that this sales revenue statement, including all associated information contained within, is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_