



Public Health Questionnaire

URGENT ATTENTION: YOUR LIQUOR LICENCE CANNOT PROCEED WITHOUT THIS

Name of Licensed Premises:

Address:

Name of the person(s) who is / are responsible for day to day management of the Sale of Liquor for this premises:

.....

Contact phone number:

What is the primary purpose of the premises?

.....

Who is your target market?

Hours of operation:

Designation of Premises (Supervised / Restricted / Un-designated):

HOST RESPONSIBILITY PLAN / STATEMENT

Do you have a detailed host responsibility plan / statement? Yes No

If yes please supply a copy with this questionnaire

STAFF

Will adequate staff be present to observe customers throughout the premises? Yes No

What training or staff instruction regarding the service of alcohol is provided, and by whom?

.....

.....

.....

Is there an internal staff 'host responsibility training' policy / document? Yes No

If yes please supply a copy with this questionnaire

ENTERTAINMENT

What entertainment is offered / promoted on your premises? *Entertainment can be a distraction from drinking and slow the rate of consumption*

.....

.....

.....

FOOD

A condition of your licence is that you have food available for consumption -

“at all times when the premises are authorised to be open for the sale of liquor, food of a range and style similar to that shown on any menu submitted or a range of snack foods in the nature of pies, sandwiches, filled rolls, pizzas and the like, shall be conveniently available for all patrons and the availability of those foodstuffs shall be notified to them by appropriate notices throughout the entire premises”.

How do you meet these requirements?

.....
.....
.....

If the primary focus of your business / organisation / premises is **not** food, specify the type of food that is available. (Please list items of food that is available at all times – at least 4 different options)

.....
.....
.....

Do your premises display signs stating that food will be available at all times? Yes No

LOW / NON-ALCOHOLIC DRINKS

Do you have a range of non-alcoholic beverages available? Yes No

Is free water available? Yes No

Name the **low alcoholic** beverages you have available at all times?

.....
.....

How are non/low alcoholic drinks promoted?

.....
.....

MAXIMUM OCCUPANCY *The risk of injury and death by fire is increased when premises are overcrowded.*

What is the maximum occupancy for your premises?

.....
.....

Do you display a sign stating the maximum occupancy for staff and patron information? Yes No

MINORS (Sale of Liquor Act, section 155)

How do you and your staff identify minors *less than 18 years of age*?

.....
.....
.....
.....

Who is responsible for dealing with minors?

.....
.....
.....

What do you do if a minor is identified in a supervised or restricted area? *If applicable*

.....
.....
.....

What forms of ID are permissible? *Sale of Liquor Act, section 2A*

.....
.....
.....

Do you have signs visible to the public prohibiting the sale of liquor to minors? Yes No

Are minors allowed on your premises? If so, when?

.....
.....
.....

If minors are allowed on your premises when are they able to consume alcohol?

.....
.....

INTOXICATION (Sale of Liquor Act, section 166, 167, 168)

Do your premises clearly display signs stating that alcohol will not be sold to intoxicated persons?

Yes No

What methods do you use to **prevent** intoxication on your premises?

.....
.....
.....
.....

How do you monitor patrons to prevent intoxication?

.....
.....
.....

What signs would you look for to assess whether a patron is becoming intoxicated?

.....
.....
.....

What procedures do you have for dealing with intoxicated patrons?

.....
.....
.....

How might you ensure the safety of someone who leaves the premises intoxicated?

.....
.....

DRINK SPIKING

Do you take any steps to prevent drink spiking? Yes No

If yes, please explain:

.....
.....
.....

SAFE TRANSPORT OPTIONS

How do you promote safe transport options for your patrons?

.....
.....
.....

How might you ensure that patrons, who may have consumed too much liquor to drive, will utilise safe transport options?

.....
.....
.....

ALCOHOL PROMOTIONS

Sale of Liquor Act, sections 154a and 169 – See 'National Protocol on Alcohol Promotions' provided

Do you or are you intending to run discounted drink promotions e.g. happy hour Yes No

If yes please describe the type of promotion you run/intend to run. *Include discounted and normal price of drinks being promoted.*

.....
.....
.....

Will food be discounted when the promotion is running? *If so, please give the relevant details*

.....
.....

When will the promotion/s be run? *Include day of week, time and duration of the promotion.*

.....
.....

CLUBS ONLY

A Club Licence allows you to sell liquor to club members, accompanied guests and members of clubs with reciprocal visiting rights. How do you ensure that **only** these people are sold or supplied alcohol in your club?

.....
.....
.....

Are your CLUB premises used / hired by other organisations / individuals? If yes, what is the nature of this use? Are the bar facilities available for these functions?

.....
.....
.....

RENEWAL APPLICATIONS ONLY (question a. and b.)

a. Are you proposing any changes to the conditions of your current licence? Yes No

b. If yes please state what these proposed changes are, and why you want them?

.....
.....
.....
.....

ALL APPLICANTS

To complete our files please include copies of the following when returning this questionnaire:

- Current Menu
- Host Responsibility Plan/Statement
- Internal Host Responsibility Staff Training Policy / Document *if applicable*
- Copy of Current Licence *if applicable*

I [full name], the Licensee*/Authorised Agent for premises acknowledge that I have read and understood each of the above questions and I agree to comply with the host responsibility measures outlined here throughout this next licensing period. I also acknowledge that Health Promotion Practitioners, on behalf of the Medical Officer of Health, may visit my premises, from time to time, in order to undertake a Sale of Liquor Act 1989 compliance check.

Signed: Dated:

Position/Title:.....

* In the case of a corporate this application is to be signed by the Operations Manager responsible for the premises / outlet. The submission of this Public Health Questionnaire is not complete until it has been signed either by the Licensee or Operations Manager for the premises or an Authorised Agent. The information contained within this Public Health Questionnaire may be shared with other SoLA 1989 Statutory Agencies, including Police, DLA or LLA, for the purpose of their enquiries.

Please send me a free Alcohol and Smoke-free resource and signage pack