Checklist

Manager's Certificate







Sale and Supply of Alcohol Act 2012

The foll	lowing must be included in your application or it will be returned
Pleas	e tick when completed:
Comp	pleted application form
Presc	ribed fee \$316.25
А сор	by of identification (NZ driver's licence, passport, birth certificate)
A cop	by of your valid New Zealand work visa (if applicable)
A cop	by of your Licence Controller Qualification
	recent written work reference that provides evidence of your character, reputation, duties and responsibilities. The reference be signed and dated.
	Notes:
	The application fee is non-refundable
	Further information may be requested by the Secretary after the application has been received
	 Applicants must be at least 20 years old, have 6 months recent experience in a licensed premises, and currently working in a licensed premises
	 Each applicant may be contacted by an inspector for an interview, which will include a test on the Sale and Supply of Alcohol Act 2012
	The application must be signed by the applicant.
Fees	
The Mana	ger's Certificate fee of \$316.25 is non-refundable.
Office U	se Only
Notes:	Payment received: / /

Application

Manager's Certificate







Sale and Supply of Alcohol Act 2012

Го:	The Secretary District Licensing (Please tick one) Carterton Masterton South Wairara					NCS No.		
A	pplicant Details							
a)	Personal and conta	ct details:						
	Full name							
	Date of Birth				Mal	e Female		
	Drivers Licence l	No. or Passport No.						
	Postal address							
	Residential address							
Name of current workplace								
7	elephone			Mobile				
Email Preferred means of				neans of formal	l contact Mail	Email		
b)	 b) State all criminal convictions (other than convictions for offences against provision of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate) Act 2004 applies): No criminal convictions Convictions - list here: 							
c)	c) List any experience (in particular, recent experience) working at any licensed premises or conveyance:							
	Pre	mises	1	Position		Start date / End	d date	

d)	Licer	nce Controller Qualification issued ((date)							
e)	Nam	Name of the licensed premises where you intend to be duty manager?								
f)	lf a cl	ub, what will be the extent of your i	involveme	nt in the management a	and activ	rities?				
	NOT	TES:								
	I. If the applicant intends to be the manager of any particular licensed premises, the Managers's Certificate application must be filed with the Secretary of the District Licensing Committee that approved the licence.									
	2. In all other cases, the application should be filed with the Secretary of the District Licensing Committee in the district where the applicant resides.									
	3. The New Zealand Police are required by the Sale and Supply of Alcohol Act 2012 to make enquiries into the suitability of the applicant. This will involve the police informing the District Licensing Committee of any convictions or concerns involving the applicant. Should there be any concerns, the applicant will also be informed.									
	PRIVACY STATEMENT: Personal information contained in your application and any supporting information will be held by the District Council. As part of the licensing process the information will be provided to the District Licensing Committee, Police, licensing inspectorate, and possibly the licensing authority. Personal information and supporting information may be included in the District Licensing Committee's decision which will be made publicly available. Any member of the public may request an extract from records and registers held by the Council. These requests are subject to the Local Government Official Information and Meetings Act 1987.									
r										
		Dated this		day of		_ 20				
		Signature of Applica	nt							
L	Applications must be submitted to the relevant local council:									
	Dis	trict Licensing Committee	District	Licensing Committ	ee	District Licensing Committee				

Masterton District Council Carterton District Council South Wairarapa District Council PO Box 444 PO Box 9 PO Box 6 Masterton 5840 Carterton 5743 Martinborough 5741 T 06 370 6300 T 06 379 4030 T 06 306 9611 E alcohol@mstn.govt.nz E info@cdc.govt.nz E health@swdc.govt.nz www.cdc.govt.nz www.mstn.govt.nz www.swdc.govt.nz