### Checklist

Notes:

# Manager's Certificate

Sale and Supply of Alcohol Act 2012







The following mus	st be included in y	your application	or it will be returned

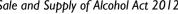
	ie ioliowili	g must be included in your application or it will be returned				
	Please tick	when completed:				
	Completed application form					
	Prescribed fee \$316.25					
	A copy of identification (NZ driver's licence, passport, birth certificate)					
	A copy of yo	our valid New Zealand work visa (if applicable)				
	A copy of yo	our Licence Controller Qualification				
		written work reference that provides evidence of your character, reputation, duties and responsibilities. The reference ed and dated.				
	Note	es:				
	•	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.				
_						
Fe	ees					
Th	e Manager's C	Certificate fee of \$316.25 is non-refundable.				
Of	fice Use On	ly				

Payment received:

## Application

# Manager's Certificate





District Licensing Committee

(Please tick one)

To: The Secretary



<ul><li>☐ Carterton</li><li>☐ Masterton</li><li>☐ South Wairara</li></ul>	202		NCS No.				
Applicant Details	ipa						
a) Personal and contact details:							
Full name							
Date of Birth			Male Female				
Drivers Licence No.		Passport No.					
Postal address							
Residential address							
Name of current workpla	ace						
Telephone		Mobile		$\overline{}$			
Email		Preferred me	eans of formal contact	mail			
	which the Criminal Recor	ictions for offences against provision ds (Clean Slate) Act 2004 applies):	of the Land Transport Act 1998 not contained in	1			
<ul> <li>c) Do you have a valid New Zealand Work Visa? Yes (attach a copy) N/A</li> <li>d) List any experience (in particular, recent experience) working at any licensed premises or conveyance:</li> </ul>							
Prei	mises	Position	Start date / End date				

Lice	ence Controller Qualification issued (date)							
Name of the licensed premises where you intend to be duty manager?								
If a c	If a club, what will be the extent of your involvement in the management and activities?							
NO	TES:							
1.	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.	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.							
Pers licer licer whice	VACY STATEMENT: sonal information contained in your application and asing process the information will be provided to the asing authority. Personal information and supporting the will be made publicly available. Any member of ancil. These requests are subject to the Local Government.	the District Licensing Committe ng information may be included the public may request an extra	e, Police, licensing inspectora in the District Licensing Con ct from records and register	ate, and possibly the nmittee's decision				
	Dated this	day of	20					
	Signature of Applicant							
Δ-		and naverally						
App	olications must be submitted to the relevant le	ocal council:						

#### District Licensing Committee **District Licensing Committee 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 health@cdc.govt.nz E health@swdc.govt.nz www.mstn.govt.nz www.cdc.govt.nz www.swdc.govt.nz