

Checklist

Manager's Certificate

Sale and Supply of Alcohol Act 2012



The following 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 your valid New Zealand work visa (*if applicable*)
- A copy of your Licence Controller Qualification
- One recent written work reference that provides evidence of your character, reputation, duties and responsibilities. The reference must 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 Manager's Certificate fee of \$316.25 is non-refundable.

Office Use Only

Notes:

Payment received:

/ /

Application

Manager's Certificate

Sale and Supply of Alcohol Act 2012



To: The Secretary
District Licensing Committee

(Please tick one)

- Carterton
- Masterton
- South Wairarapa

NCS No. _____

Applicant Details

a) Personal and contact details:

Full name

Date of Birth Male Female

Drivers Licence No. Passport No.

Postal address

Residential address

Name of current workplace

Telephone Mobile

Email Preferred means of formal contact Mail Email

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) List any experience (in particular, recent experience) working at any licensed premises or conveyance:

Premises	Position	Start date / End date

d) Licence Controller Qualification issued (date)

e) Name of the licensed premises where you intend to be duty manager?

f) If a club, what will be the extent of your involvement in the management and activities?

NOTES:

1. *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.

Dated this _____ day of _____ 20_____

Signature of Applicant _____

Applications must be submitted to the relevant local council:

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