

**Office Use Only**

Application ID: \_\_\_\_\_ Receipt number: \_\_\_\_\_ Liquor Officer: \_\_\_\_\_

**Checklist**

- |  |                         |  |            |
|--|-------------------------|--|------------|
| <input type="checkbox"/> Application form    | Original plus 1 x copy  | <input type="checkbox"/> CV  | 2 x copies |
| <input type="checkbox"/> Employer references | Originals plus 1 x copy | <input type="checkbox"/> LCQ Certificate   | 2 x copies |
| <input type="checkbox"/> Character reference | Original plus 1 x copy  | <input type="checkbox"/> LCQ Bridging Test Certificate (if LCQ was issued under the <b>Sale of Liquor Act 1989</b> ) | 2 x copies |

## Application for Manager's Certificate

### Section 219, Sale and Supply of Alcohol Act 2012

**To:** The Secretary  
 District Licensing Committee  
 Whangarei District Council  
 Private Bag 9023  
 WHANGAREI 0148

Application for a **Manager's Certificate** is made in accordance with the details set out below.

**Applicant Details**

Full legal name: \_\_\_\_\_

 Driver Licence number: \_\_\_\_\_  Male  Female

Also known as: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal address if different from above: \_\_\_\_\_

Suburb: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile: \_\_\_\_\_

 Daytime Phone: \_\_\_\_\_  Work  Home

Email: \_\_\_\_\_

Criminal convictions (state all criminal convictions other than convictions for offences against provisions of the Land Transport Act 1998 not contained in Part 6, and offences to which the Criminal Records (Clean Slate Act) 2004 applies):

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**Experience and Training**

Has the applicant had any experience, (in particular recent experience), in controlling any premises or conveyance in respect of which licence was in force?

 Yes  No

If Yes, what are the details and dates of that experience? \_\_\_\_\_

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Has the applicant had any relevant training, in particular, recent training?  Yes  No

If Yes, what are the details of that training and on what dates was it taken? \_\_\_\_\_

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Does the applicant hold the Licence Controller Qualification (or a prescribed qualification within the meaning of section 218 of the Sale and Supply of Alcohol Act 2012)?  Yes  No

If Yes, on what date was that qualification obtained? \_\_\_\_\_

Does the applicant intend, at this time, to be the manager of any particular licensed premises?  Yes  No

If Yes, what are the identifying particulars of those licensed premises? (state current place of employment)

- If it is a club, what is the extent of the applicant's involvement in its management and activities?

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### Signature

Name of applicant \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### Notes and Applicant Checklist

- This application must be accompanied by:
 

<input type="checkbox"/> The prescribed fee	
<input type="checkbox"/> Application form	Original plus 1 x copy
<input type="checkbox"/> Previous and current employer references showing evidence of experience managing a licensed premise	Original plus 1 x copy
<input type="checkbox"/> Character reference	Original plus 1 x copy
<input type="checkbox"/> Licence Controller Qualification Certificate	2 x copies
<input type="checkbox"/> Licence Controller Qualification Bridging Test Certificate (if your LCQ certificate was issued under the <b>Sale of Liquor Act 1989</b> )	2 x copies
<input type="checkbox"/> Current CV	2 x copies
- If the applicant intends to be the manager of any particular licensed premises, the application must be filed with the Secretary of the District Licensing Committee in which the licensed premises is situated.
- In all other cases, the application should be filed with the Secretary of the District Licensing Committee for the district in which the applicant is residing.