Application No. 023/



## **Application for New** Managers Certificate Sale and Supply of Alcohol Act 2012 – Section 219

ID:3394183



If the applicant intends to be the manager of any particular licensed premises, this application must be filed with the District Licensing Committee with which the application for the licence was filed. In all other cases, it should be filed with the District Licensing Committee for the district in which the applicant is residing.

D		All Applications – Check List						
	Every application is to be accompanied by the following:							
	a)	The original completed application						
	b)	Written evidence from the licensed premise suppor employment	rting the	applicant's application	and present or future			
	c)	A copy of the applicant relevant Training Certificate	2					
	d)	A copy of the applicant relevant LCQ Certificate						
		The applicant needs to take the LCQ test under the Sale and Supply of Alcohol Act 2012						
	e)	A copy of applicants identification is required ie Ne	oplicants identification is required ie New Zealand Drivers Licence or Passport					
	f)	Nanager's Certificate						
	This person cannot be associated to your licenced premise or related to you, and must be a personal testimony, not a template style reference							
	g)	Evidence that the applicant has completed a minim licensed premises at the time of this application	ium of six	(6) months <u>full time</u> e	mployment in a			
	h)	The prescribed fee must be paid for application to be	<mark>be proces</mark>	ssed				
		Additional Information if Not Bor	n in N	New Zealand – (	Check List			
	If you were not born in New Zealand you must produce proof of your right to be working in New Zealand by means of one of the following:							
	b) Copy of granting of Permanent Residence for New Zealand:							
		c) Copy of New Zealand Citizenship:						
		d) <u>OR</u> other documentation to satisfy the above re	equireme	ent:				
Office	Us	se						
5.11100		Vetting officer		Vetting OK	RFI - Return to	customer		
		Date Received	4.	File No.				
	(	OZONE Contact No.	•	Fee	\$			
	ı	Payment date		Receipt No.				
	ı	Notes	Ĭ.					
			L.					

Personal Details	
Mr Mrs Ms	Miss Other:
First Name	Middle Name
Last Name	Sex Female
Any Aliases	
Residential Address Postal Address (if different from above)	
Home Phone	Mobile Phone
Home Phone Email address	Mobile Phone
	Mobile Phone  Drivers Licence No.
Email address	
Email address  Current Place of Employment	Drivers Licence No.

Has the applicant previously held a managers certificate?	Yes	
If yes, when did it expire and why?		
Has the applicant had any recent experience in controlling a licenced premise?	Yes	
If yes, what are the details of that experience? (attach written evidence e.g. copy of expired $\ \lceil$	Manager's Cert	ificate)
Has the applicant had any recent, relevant training?	Yes	
If yes, what are the details of the training (including training provider), and on what dates w		
Does the applicant hold the Licence Controller Qualification (LCQ)?	Yes	
If yes, on what date was that qualification obtained?		
Does the applicant intend at this time to be the manager of any particular license premise	s? Yes	
If yes, what is the name of the premises where the applicant intends to work?		

	Additional Information and Notes						
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Pı	rivacy Information and Declaration						
	I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and The information supplied in this application is truthful and accurate to the best of my knowledge and belief; and The information you have provided is required so that your application can be processed and for statistical purposes. Under the Local Government Official Information and Meetings Act 1987, the council may be required to disclose the information to people who required you would like to request access to or correction of your personal information, please contact the council.						
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