

New Manager's Certificate Application



Section 219, Sale and Supply of Alcohol Act 2012

How to apply:

See the instructions below to apply for a new Manager's Certificate. To hold a Manager's Certificate, you must:

- Be 20 years of age or older.
- Have a licence controller qualification (LCQ) certificate.
- Be working, or intend to be working in a licensed premises within the District.
- Have at least 6 months experience supervising a licensed premises in New Zealand.

What you need to do:

- Supply completed application form
- Supply all required supporting documents
- Pay the application fee
- Attend an interview with a Licensing Inspector (after you have submitted your application, we will contact you to arrange a time)

How to submit your application?

Post: Hauraki District Council, PO Box 17, Paeroa 3640

Email: info@hauraki-dc.govt.nz

Drop off your application to any of our Council offices

What to include:

- Photo ID: A copy of your Passport, New Zealand Driver's Licence or HANZ 18+ card.
- Two written character references. One must be from your employer at the licensed premises at which you are currently employed. This should confirm your employment, how long you have worked there and relevant duties.
- A copy of your Licence Controller Qualification (LCQ) and any other relevant qualifications or information.

If you are not a New Zealand citizen, or permanent resident, you must also provide

- A copy of current passport
- A copy of current work visa

Manager's Certificate Fee: \$316.25

Payment Options

- Post a cheque with the application to Hauraki District Council, PO Box 17, Paeroa 3640
- Pay by cash, eftpos or credit card at any of our Council offices.
- Internet banking: Our bank account 02-0396-0064018-004, Reference 4257 Surname

Any questions? Please contact Council's Liquor Licensing Administrator

Office Use Only	Application Fee	Receipt Number	Document No.

Application for New Manager's Certificate



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To the Secretary of the Hauraki District Council Licensing Committee this application is made in accordance with the details set out below.

Full name: Mrs/Miss/Ms/Mr

Maiden Name/Aliases
(if applicable)

Contact phone
Number:

Email
Address:

Residential address:

Postal address for service of documents:

Occupation:

Date of Birth: ___/___/_____
 DD / MM / YYYY

Gender: M / F

Are you a New Zealand citizen or permanent resident? Yes No

If NO, what do you have that authorises you to work in New Zealand?

Do you have any criminal convictions? Yes No

If YES, what was the nature of the offence, date of conviction and penalty suffered?

Nature of the offence	Date of Conviction	Penalty Suffered

Name and address of licensed premises at which you are currently employed

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How long have you been employed at this licensed premises?

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How many hours per week (average) do you work at this licensed premises?

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Do you have the Licence Controller Qualification? Yes No

If YES, on which date was this obtained?

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Do you have any other relevant training? Yes No

If YES, what are the details of that training and when was it undertaken?

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Dated at _____ this _____ day of _____ / _____
(location) (day of month) (month) (year)

Applicant signature

Hauraki District Licensing Agency		M 1579478
Responsibility: Peter Thom	Date issued: 27/04/2017	Version No: 7
Location: Hauraki District	Review date 27/07/2019	Page: 3 of 3