



**District Office**  
 15 Galileo Street  
 Private Bag 544  
 Ngaruawahia 3742

**FEE DUE IS \$134.93**  
**Huntly** Area Office 142 Main Street 0800 492 452  
**Raglan** Area Office 7 Bow Street 07 825 8129  
**Tuakau** Area Office 2 Dominion Road 0800 492 452

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Email: [publicenquiries@waidc.govt.nz](mailto:publicenquiries@waidc.govt.nz)  
[www.waikatodistrict.govt.nz](http://www.waikatodistrict.govt.nz)

# Application for renewal of manager's certificate

Section 123, Sale of Liquor Act 1989

**To:** The Secretary  
 District Licensing Agency  
 Waikato District Council  
 Private Bag 544  
 NGARUAWAHIA 3742

Application for **renewal of manager's certificate** is made in accordance with the details set out below.

TYPE OF CERTIFICATE	<i>Tick appropriate box</i>
<input type="checkbox"/> <b>General manager's</b>  Certificate Number: .....  Expiry date: .....	<input type="checkbox"/> <b>Club manager's</b>  Certificate Number: .....  Expiry date: .....

APPLICANT	<i>*Postal address of applicant is where the certificate will be sent.</i>	
<b>Full name and residential address of applicant:</b> .....		
<b>Postal address* if different:</b> .....		
<b>Occupation:</b> .....	<b>Date of birth:</b> .....	
<b>E-mail address (optional):</b> .....	<b>Mobile:</b> .....	
<b>Daytime contact telephone:</b> .....	<b>Work</b> <input type="checkbox"/>	<b>Home</b> <input type="checkbox"/>
<b>Name of Licenced Premises where currently employed:</b> .....		
<b>Has the applicant been convicted of any offence since the certificate was issued or last renewed?</b>		
<b>YES / NO</b> <i>If YES, give details of each offence</i>		
<b>Nature of offence</b>	<b>Date of conviction</b>	<b>Penalty</b>
.....	.....	.....
.....	.....	.....
.....	.....	.....

*continued overleaf*

**What steps has the applicant taken to manage the sale and supply of liquor pursuant to the liquor licence with the aim of contributing to the reduction of liquor abuse?**

.....  
.....  
.....

**Does the applicant hold the Licence Controller Qualification?**

**YES / NO**

If **Yes**, on what date was that qualification obtained?

.....

**SIGNATURE**

**Applicant's signature:** .....

**Dated at** ..... **this** ..... **day of** ..... **20**.....

**INFORMATION FOR APPLICANTS APPLYING FOR RENEWAL OF MANAGER'S CERTIFICATE**

*This application must be filed with the District Licensing Agency before the certificate expires.*

*Where the applicant is presently employed as a manager, it should be filed with the District Licensing Agency for the district in which the applicant is employed.*

*In all other cases, it should be filed with the District Licensing Agency for the district in which the applicant is residing.*

*The prescribed fee of \$134.93 must accompany the application.*