

**FEE DUE IS  
\$316.25**



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

Telephone (all hours) 07 824 8633  
Call Free 0800 492 452

**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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[www.waikatodistrict.govt.nz](http://www.waikatodistrict.govt.nz)

# Application for Manager's Certificate

Section 219 Sale and Supply of Alcohol Act 2012

**To:** The Secretary  
District Licensing Committee  
Waikato District Council  
Private Bag 544  
Ngaruawahia 3742

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

Applicant Details	
Full legal name: .....	<input type="checkbox"/> Male <input type="checkbox"/> Female
Also known as: .....	
Residential address: .....	
Town:.....	Post Code:.....
Postal address if different from address above: .....	
Town:.....	Post Code:.....
Occupation: .....	
Date of Birth: .....	Place of Birth: .....
Daytime Phone: ..... <input type="checkbox"/> Work <input type="checkbox"/> Home	Mobile:.....
Email: : .....	Preferred mode of contact:.....
Criminal convictions - has the applicant received any 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, state: .....	
.....	
.....	
.....	

## Experience and Training

Has the applicant had any experience, (in particular recent experience) in controlling any premises or conveyance in respect of which a licence was in force?  Yes  No

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

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? .....

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 is the name of the licensed premises?

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

## Signature

Dated at: ..... Date: .....

Signature of applicant: .....

## IMPORTANT NOTES, Checklist and Payment Details

### This application must be accompanied by:

- The prescribed fee of \$316.25
- A copy of the Licence Controller Qualification certificate
- Evidence of previous experience in managing licensed premises, eg signed & dated references, **and**
- A signed & dated character reference
- **Where the applicant is working in New Zealand under a work or student visa, a copy of the visa must be provided. It is expected that the time period of a visa matches the period of a manager's certificate, which for a new manager's certificate is one year (and for a renewal, three years) – if not your application may not be successful**
- The application can be scanned and emailed to [css@waidc.govt.nz](mailto:css@waidc.govt.nz) and the payment of \$316.25 may be made online to:  
BNZ Hamilton, 02 0316 0246517 01. In the Reference fields put Manager and your Name

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 with which the application for the licence was filed.

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.

**Office Use Only:** Receipt number: .....

Notes: .....