

APPLICATION FOR MANAGER'S CERTIFICATE



Form 17, Section 219, Sale and Supply of Alcohol Act 2012

Send or deliver your application to:
 The Secretary
 Kapiti Coast District Licensing Committee
 Private Bag 60601, Paraparaumu 5254
 175 Rimu Road, Paraparaumu 5032
 Telephone: 04 296 4700
 Toll Free: 0800 486 486

For Council Use
File #

Details of applicant

Full legal name			
Any Alias or maiden names			
Usual Resident Address			Postcode
Postal address if different from above			Postcode
Sex	Occupation		
Date of birth	Place of birth		
Telephone	Mobile		
Email			

I have attached a copy of either my Passport or Drivers Licence

Criminal convictions

Do you have 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 or <input type="checkbox"/> No
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If 'Yes', please advise the nature of the offence, details of conviction, and penalty imposed

Employment

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

Yes or No

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

Has the applicant had any relevant training, in particular, recent training?

Yes or No

If 'Yes', what are the details of that training (provide evidence).and on what dates was it undertaken?

Does the applicant intend at this time to be the manager of any particular licensed premises?

Yes or No

If "Yes", what are the identifying particulars of those licensed premises?

If it is a club, please state the extent of the applicant's involvement in its management and activities (provide evidence):

Attachments (all attachments must be included before application will be processed)

Attached is a copy of LCQ (Licence Controller Qualification). All applicants for a Manager's Certificates MUST have the LCQ before making applications.

Yes or No

Attached is a reference from current employer in licensed premises (provides evidence of experience)

Yes or No

Attached is one or two character references

Yes or No

Signature of applicant

I authorise New Zealand Police to disclose any personal information it considers relevant to my application to the Medical Officer of Health and/or the Licensing Inspector for the purpose of assessing my suitability.

Name		Date	
Signature		Electronic Signature	<input type="checkbox"/>

Privacy statement

Information contained in your application and any supporting information will be held by Kapiti Coast District Council to enable your application to be processed under the Sale and Supply of Alcohol Act 2012. This information will be made available to the public on request. The information will be provided to the Kapiti Coast District Licensing Committee, the NZ Police, the Medical Officer of Health and Council's Licensing Inspectors. This information may form part of a public hearing of your application before the Kapiti Coast District Licensing Committee and may be used in the Committee's decision for your application. Decisions will be made publically available.

Council is required to keep a statutory register of all applications and the District Licensing Committee's decisions on them. Council is required to report statistics about applications to the Alcohol Regulatory and Licensing Authority. Any member of the public may request access to this information under the Local Government Official Information and Meetings Act 1987. This information may also be used under the Privacy Act 1993. You have the right to see and correct personal information that Council holds about you.

Section 1: Applicant to complete and submit with application

Personal Information

Full name :

Date of birth:

Gender: Male Female Gender Diverse/ gender non-binary:

NZ Driver or Passport number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>

Consent to release information

- The New Zealand Police may release **any** information they hold relevant to the purpose of enabling the District Licencing Committee (DLC) to decide on my suitability to hold a licence or managers certificate
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information subject to name suppression where that information is necessary to the purpose of the vet
- NZ Police may release the information listed in Section 1 to reporting agencies for the reason listed above
- If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
- The Police may disclose new relevant information to the DLC after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police has ascertained that the purpose of the Police vet still exists.
- Information provided in this consent form may be used to update New Zealand Police records.
- I am entitled to a copy of the vetting result released to the DLC and can seek a correction by contacting Police.
- I may withdraw this consent, prior to Police's disclosure of the vetting result.

Applicant's Authorisation:

- I confirm that the information I have provided in this form relates to me and is correct.
- I have read and understood the information above.
- I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the DLC making this request for the purpose of assessing my suitability at any time.
- I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the reporting agency for the purpose of assessing my suitability at any time.

Name: _____ Date: _____

Signature: _____ Electronic Signature