

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 <input type="checkbox"/> Passport or <input type="checkbox"/> 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
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.	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Attached is a reference from current employer in licensed premises (provides evidence of experience)	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Attached is one or two character references	<input type="checkbox"/> Yes or <input type="checkbox"/> 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.