



# APPLICATION FOR RENEWAL OF MANAGER'S CERTIFICATE (FORM 19)

SECTION 224, SALE AND SUPPLY OF ALCOHOL ACT 2012

TO: The Secretary  
Manawatu District Licensing Committee  
135 Manchester Street  
Private Bag 10 001  
Feilding 4743

For Enquiries:  
phone: 06 323 0000  
fax: 06 323 0822  
email: alcohol@mdc.govt.nz

Application for a manager's certificate is made in accordance with the details set out below:

## Details of applicant

|   |                               |                                 |  |
|---|-------------------------------|---------------------------------|--|
| Full legal name:  |                               |                                 |  |
|   | Male <input type="checkbox"/> | Female <input type="checkbox"/> |  |
| Aliases &/or maiden names                               |                               |                                 |  |
| Usual residential address:                              |                               |                                 |  |
| Postal address (if different from residential address): |                               |                                 |  |
| Occupation:   |                               |                                 |  |
| Current place of employment:                            |                               |                                 |  |
| Date of birth:  |                               | Place of birth:                 |  |
| Drivers licence number:                                 |                               | Passport number:                |  |
| Phone (work):   |                               | Phone (home):                   |  |
| Mobile:   |                               | Email:                          |  |

Criminal convictions [state all 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)]

| Nature of offence | Date of conviction | Penalty suffered |
|-------------------|--------------------|------------------|
|                   |                    |                  |
|                   |                    |                  |
|                   |                    |                  |

What steps has the applicant taken to manager the sale and supply of alcohol pursuant to the licence with the aim of contributing to the reduction of alcohol-related harms?

|  |
|--|
|  |
|--|

## Details of applicant (cont)

Do you (the applicant) hold the Licence Controller Qualification or evidence of pass the Bridging Test? Has the applicant had any relevant training, in particular, recent training?

Yes – Licence Controller

Yes – Bridging Test

No

IF yes, on what date was that qualification obtained? \_\_\_\_\_

## Details of certificate

|                     |   |
|---------------------|---|
| Certificate number: |   |
| Date of expiry:     |   |
| Issued by:          | <input type="checkbox"/> Manawatu <input type="checkbox"/> Other (please state) |

## Documents to be provided

- Completed Questionnaire and application fee - \$316.25 (incl. GST)
- ID (eg photo driver's licence or passport or HANZ 18+ card)
- Current managers certificate – **only** required if the current certificate was not issued by Manawatu District Council
- A letter from the employer of the licensed premises you are working at showing your involvement.

## Applicant's signature

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Place Date Month Year

Applicant's Signature \_\_\_\_\_

## For your information

1. This application must be accompanied by the prescribed
2. This application must be filed with the District Licensing Committee before the certificate expires
3. Where the applicant is presently employed as a manager, it should be filed with the District Licensing Committee for the district in which the applicant is employed. In all other cases, it should be filed with the District Licensing Committee for the district in which the applicant is residing.

**OFFICE USE ONLY | CHECKED BY** Inspector \_\_\_\_\_ Date \_\_\_\_\_