CHECKSHEET FOR NEW MANAGER'S CERTIFICATE APPLICATION



Email to:	Deliver to:	Post to:
sol@huttcity.govt.nz	Hutt City Council 30 Laings Road Lower Hutt	The Secretary District Licensing Committee Hutt City Council Private Bag 31912 Lower Hutt 5040

NOTE IMPORTANT INFORMATION

- 1. You need to apply for your Manager's Certificate with the District Licensing Committee nearest to the licensed premises where you work.
- Each applicant must attend an interview with a Licensing Inspector which will include an oral test on a manager's responsibilities under the Sale and Supply of Alcohol Act 2012.
- 3. Indicative time for processing this application is 20 working days.
- 4. The application must be signed by one of the following:
 - applicant or
 - applicant's solicitor or
 - applicant's agent if a letter of authorisation signed by the applicant is received with the application.
- 5. Incomplete applications filed with the District Licensing Committee will not be accepted.

For further information please phone 04 570 6666 or email: sol@huttcity.govt.nz.

HAVE YOU PROVIDED THE FOLLOWING?

Completed application form.
A copy of the Licence Controller Qualification (LCQ) Certificate issued with the Sale and Supply of Alcohol 2012 unit standards.
Or
A copy of the LCQ Certificate issued with the Sale of Liquor Act 1989 unit standards AND a copy of the LCQ Bridging Test Certificate.
A copy of your photo identification (eg current passport or drivers licence)
One signed and dated character reference that is less than 3 months old from a person that has known you for more than one year and does not work at your current place of employment (references from family members/relatives are not acceptable).
One signed and dated work reference from the current employer of the premises you intend to manage, describing your role/position in the licensed premises and your suitability.
List your employment history and your experience of managing licensed premises.
Evidence or proof of your right to work in New Zealand, eg work visa.
Fee: \$316.25. Invoice will be provided upon receipt of completed application for immediate payment.

APPLICATION FOR NEW MANAGER'S CERTIFICATE



Sections 100, Sale and Supply of Alcohol Act 2012					
l would	I like to receive the results of this application (including the Manager's Certificate) by:				
1.	Details of applicant				
(a)	Full legal name (Include a list of any other names including a maiden name that you may be known by).				
(b)	Gender				
	Male Gender diverse/gender non-binary				
(c)	Home address				
(d)	Postal address				
(e)	Occupation				
(f)	Date and place of birth				
(g)	Evidence of your right to work in New Zealand. You must have the right to work in New Zealand to be issued a certificate (Tick the option that applies).				
	NZ Citizen				
l	NZ Resident Expiry Date:				
l	Working Visa (Provide a copy of your Visa) Expiry Date:				
l	Provide an undertaking if your visa has an expiry date.				
(h)	Drivers licence number				
(i)	Daytime contact and phone number				
(j)	Email address				
OFFIC	E USE ONLY				
Certific	cate number: Checked by:				
Fee:	Vetted on:				

Date received:

(k)	Criminal convictions (if applicable). Please state type and date of each conviction.
	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.
(1)	Have you had any experience in managing licensed premises?
	☐ Yes ☐ No
	If yes, what is your experience?
()	Describe data the effective of the table to the training
(m)	Provide details of any on-the-job training. Attach copies of any training record or details including dates of training completed.
(n)	Do you hold the Licence Controller qualification?
(,	(You must hold unit standards 4646 and 16705 for the Sale and Supply of Alcohol Act 2012 to apply for a Manager's Certificate).
	Yes No
(o)	Do you intend to be the manager of a specific licensed premises? If yes, advise details of licensed premises. (You must have obtained a position to apply for a Manager's Certificate).
	Yes No
	What is the name and address of the licensed premises that you intend to be a Duty Manager for?

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(p)	If you are or will be working at a Club what w	will be your involvement in the Club be?		
(q)	Upon acceptance of your application you wi	Il be invited to attend an interview. Would yo	ur preference be:	
	Morning Afternoon			
	Morning Afternoon			
	Morning Afternoon			
Dated		day of	20	
Dated		day of	20	
	at this		20	
		day of Print name	20	
	at this		20	

Privacy statement

The information in your application and any supporting information will be held by Hutt City Council for processing your application under the Sale and Supply of Alcohol Act 2012. Information about this application will be made available to the public on request.

The information will also be provided to the:

- Lower Hutt District Licensing Committee,
- Police
- Alcohol Regulatory and Licensing Authority,
- Council's Licensing Inspectors, and
- Medical Officer of Health.

This information may form part of a public hearing of your application before the Lower Hutt District Licensing Committee and may be used in the Committee's decision for your application.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or have it corrected, please contact us at contact@huttcity.govt.nz or come in and see us at 30 Laings Road, Lower Hutt 5010. For more information see our privacy statement.

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