



Clutha District Council

APPLICATION FOR RENEWAL OF MANAGER'S CERTIFICATE

(Section 123 Sale of Liquor Act 1989)

The Secretary
District Licensing Agency
Clutha District Council
PO Box 25
BALCLUTHA 9240

Please complete all sections of the application form below, additional information may be supplied on a separate sheet as necessary.

1) APPLICANT'S DETAILS

a) Full Name: _____

b) Residential address: _____

c) Postal address [if different from above]: _____

d) Occupation: _____ e) Date of Birth: _____

Contact numbers: Home: _____ Work: _____

Mobile: _____ E-mail: _____

f) Name of premises currently manager at: _____

h) Do you hold the Licence Controller Qualification? YES NO
If Yes, on what date was that qualification obtained?

i) Have you ever been convicted of an offence since your certificate was issued or last renewed?
 YES NO

If 'YES', please give details:

Date of Conviction	Nature of Offence	Penalty imposed

2) DETAILS OF CERTIFICATE

a) Type of Certificate (Please tick appropriate box)

General Manager Club Manager

b) Certificate Number: _____ c) Date of Expiry: _____

Dated this _____ day of _____ 20 _____

Applicant's Signature:- _____

Complete and return this page with your application

NEW ZEALAND POLICE

SUPPLEMENT

As applicant for this liquor licence, you are requested to sign the authorisation below. Failure to allow Police to disclose this information may result in your application only being determined at a hearing held by the Liquor Licensing Authority where you will be required to attend and present the information for the authority's consideration.

AUTHORISATION

'The Police are required to report on this application. That report may include the release of any previous convictions you may have. You will receive a copy of that report. Do you consent to the release of this information?'

Yes

No

Full Name of Applicant: _____

Maiden (or other) Names: _____

Current Address: _____

Date of Birth: _____ Country of Origin: _____

Drivers Licence : Identity Number: _____

Signature of Applicant: _____

Date: _____

Persons who are not New Zealand residents or citizens are requested to provide the following additional information:

Details of current work or visitors permit: _____

Your last permanent address: _____

Country: _____

Current Passport or certificate of identify number: _____

Country where passport or certificate issued: _____

Note: This page is for your information only, you do not need to return this with your application.

NOTES

Every application for the renewal of a manager's certificate shall –

1. Be filed with the District Licensing Agency for the district in which the applicant is presently employed as a manager; or
2. Where the applicant is no longer employed as a manager, the District Licensing Agency for the district in which the applicant is residing.

Regulation 21(2) of the Sale of Liquor Regulations 1990 prescribes information that must be provided with this application. The check list below is designed to help you to provide all of the required information.

CHECK LIST Please check that you have enclosed the following	
Renewals from different Agencies	If you are renewing a Certificate that was previously issued by a different licensing agency, please let us know which agency it was.
Police Authorisation	Please remember to complete and submit the Police Authorisation form, as failure to do so may result in a delay for your application.
Fee	Please enclose the correct fee of \$134.93. Please note that this is not refundable.

If you require any assistance with this form please contact:-

District Licensing Agency
Clutha District Council
1 Rosebank Terrace
P O Box 25
BALCLUTHA 9140

Tel: 03 419 0200
Fax: 03 418 3185