

CHECKSHEET FOR NEW MANAGER'S CERTIFICATE APPLICATION



Email to: sol@huttcity.govt.nz	Deliver to: Hutt City Council 30 Laings Road Lower Hutt	Post to: The Secretary District Licensing Committee Hutt City Council Private Bag 31912 Lower Hutt 5040
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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.
 2. 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?

<input type="checkbox"/>	Completed application form.
<input type="checkbox"/>	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.
<input type="checkbox"/>	A copy of your photo identification (eg current passport or drivers licence)
<input type="checkbox"/>	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).
<input type="checkbox"/>	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.
<input type="checkbox"/>	List your employment history and your experience of managing licensed premises.
<input type="checkbox"/>	Evidence or proof of your right to work in New Zealand, eg work visa.
<input type="checkbox"/>	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

I would like to receive the results of this application (including the Manager's Certificate) by: Post Email

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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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). <input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Resident Expiry Date: <input type="checkbox"/> Working Visa (Provide a copy of your Visa) Expiry Date: <input type="checkbox"/> Provide an undertaking if your visa has an expiry date.
(h)	Drivers licence number
(i)	Daytime contact and phone number
(j)	Email address

OFFICE USE ONLY	
Certificate 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.

I have completed the attached NZ Police Alcohol Disclosure Authority.

(l) Have you had any experience in managing licensed premises?

Yes No

If yes, what is your experience?

(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?

(p) If you are or will be working at a Club what will be your involvement in the Club be?

(q) Upon acceptance of your application you will be invited to attend an interview. Would your preference be:

Morning Afternoon

Dated at this day of 20

Applicant signature

Print name

Privacy statement

Information contained in your application and any supporting information will be held by Hutt City 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:

- Lower Hutt District Licensing Committee,
- Police, and
- Council's Licensing Inspectors.

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. Decisions will be made publicly available.

Council is required to keep a statutory register of all Manager's Certificate 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 :

Gender:

(M) (F) (Other)

Date of birth:
(dd/mm/yyyy)

NZ Driver Licence number:
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

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
- 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