

## MANAGER'S CERTIFICATE

### You are required to provide the following:

Use this cover page to assist you in lodging a complete Manager's Certificate application.

- 2 COPIES** of application and **all** documentation
- FEE OF: \$132.00 [inclusive of GST.** This is an application fee and is therefore non refundable after the application is received by the DLA.]  
**(NB: Cheques to be payable to the Wellington City Council)**

### Related documents

- two written **work** references **that are less than a year old** providing evidence of your character and reputation. **Each reference must be signed and dated.** [References from family members and relatives are not acceptable]
- a list of the current duties that you undertake at your place of employment
- if making application for a club manager's certificate you must show evidence of the extent of your involvement in the management and activities of the club
- a **copy** of the Licence Controller Qualification (LCQ)
- each applicant must indicate which licensed premises they intend to manage. All applicants must be working in the industry
- each applicant must attend an interview with a DLA Inspector, which will include a test on the Sale of Liquor Act
- a copy of your employment history if you have had experience in managing licensed premises.

Note: File this application with the District Licensing Agency nearest to the licensed premises where you work.

**The application is only to be signed by the applicant or the applicant's Solicitor NOT an Agent.  
The above information must be included with your application for it to be accepted**

For further information please contact 499 4444, or  
The Secretary, District Licensing Agency, PO Box 2199, Wellington

# Application for Manager's Certificate

**Absolutely**

**POSITIVELY**

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL

**Wellington**

## Section 118, Sale of Liquor Act 1989

To: The Secretary  
District Licensing Agency  
PO Box 2199  
Wellington 6140

Application for a manager's certificate is made in accordance with the details set out below. Please PRINT clearly.

### 1. Type of Certificate

General Manager

Club Manager

*(Please tick appropriate box)*

### 1. Details of Applicant

(a) Full name [Your full legal name as per your birth certificate and a list of any other names (including a maiden name) that you may be known by.]

Male  Female  *(Please tick appropriate box)*

Maiden Name (if applicable):

Residential address:

Postal address:

Occupation:

(b) Applicant's date of birth:

Passport number:

Drivers Licence number:

(c) Fax Number:

Phone number:

Email address:

(d) Have you been convicted of any offence?

Yes  No  (Please tick appropriate box)

If yes, what was the nature of the offence; date of conviction; penalty suffered? (Please continue on a separate sheet if necessary)

(e) Have you had any experience, in particular recent experience, in managing licensed premises?

Yes  No  (Please tick appropriate box)

If Yes, please supply evidence of your experience by attaching to your application details of your employment history.

(f) Have you had any relevant on the job training?

Yes  No  (Please tick appropriate box)

If Yes, please supply evidence of your training by attaching to your application copies of any relevant records.

(g) If applying for a club manager's certificate, what is the extent of your involvement in the management and activities of the club?

(h) Write the name and address of the licenced premises you intend to manage.

**Please Note:**

Personal information requested in this application is required in order to correctly identify the applicant and avoid delays in processing the application. The District Licensing Agency, Liquor Licensing Authority and the Police will have access to this information. You have the right to access and correct any personal information held at the District Licensing Agency and the Liquor Licensing Authority.

Dated at Wellington this  day of  20

Printed name

Applicant signature

## Managers Certificate Training Courses

The following is a list of course providers for manager's certificate applicants in the Wellington region.

### Innovative Hospitality

One day course – 9am–5.30pm

First and third Monday of the month

For further details please contact Bridget Stewart, ph: 527 8067 or 0800 929 8646, fax: 527 8069 or [www.innovative.ac.nz](http://www.innovative.ac.nz)

### Hospitality Training Company

One day course – 9am–5.30pm

Venue – Moore Wilson Cuisine Centre  
14 College Street  
Wellington

Weekly on a Monday

For further details please phone Jim Bennie 027 610 1874 or [team@hospitalitytraining.co.nz](mailto:team@hospitalitytraining.co.nz)

### Liquor Licensing Bureau

Online and Correspondence Courses

For further details please contact Ross Murphy 0800 227 872 or email [ross@liquorlicensing.co.nz](mailto:ross@liquorlicensing.co.nz)

### Sporting Clubs Association of New Zealand (Incorporated) – SCANZ

Correspondence Course

For further details contact Bob Clark ph: 0800 655 889 or 021 432 900

Fax: 03 455 8697

Email: [sportingclubs@xtra.co.nz](mailto:sportingclubs@xtra.co.nz)

# Notice of Appointment of Acting Manager

Sale of Liquor Act 1989, Section 129

The following **must** be notified of the appointment:

The Secretary  
**District Licensing Agency**  
PO Box 2199  
**WELLINGTON 6140**  
Fax 801 3012

The Secretary  
**Liquor Licensing Authority**  
Private Bag 32 001  
Panama Street  
**WELLINGTON 6146**  
Fax 462 6686

Liquor Licensing Sergeant  
**New Zealand Police**  
PO Box 693  
**WELLINGTON 6140**  
Fax 470 1614

Date:

Premises/Conveyance (ie train, boat, plane) Trading name:

Premises address:

Fax number:

Phone number:

Email address:

**Notice is hereby given of the appointment of:**

Full name:

Date of birth:

Male  Female  (tick appropriate box)

**As Acting Manager of the above named premises. This person is/will be relieving for the period from:**

to

Who are you replacing/relieving for:

**(Must be the holder of the liquor licence where the manager will be working)**

Signed by:

Printed name:

(Tick which is applicable as signatory)

- Licensee (if Licence in name of natural person)
- Director of Licensee Company (under Companies Act 1993)
- Partner in Partnership (if Licence in name of 2 or more persons)

# Notice of Appointment of Temporary Manager

Sale of Liquor Act 1989, Section 128

The following **must** be notified of the appointment:

The Secretary  
**District Licensing Agency**  
PO Box 2199  
**WELLINGTON 6140**  
Fax 801 3012

The Secretary  
**Liquor Licensing Authority**  
Private Bag 32 001  
Panama Street  
**WELLINGTON 6146**  
Fax 462 6686

Liquor Licensing Sergeant  
**New Zealand Police**  
PO Box 693  
**WELLINGTON 6140**  
Fax 470 1614

Date:

Premises/Conveyance (i.e. train, boat, plane) Trading Name:

Premises Address:

Fax Number:

Phone Number:

Email address:

**Notice is hereby given of the appointment of:**

Full Name:

Date of Birth:

Male  Female  (tick appropriate box)

**As Temporary Manager of the above named premises, this person will lodge his/her manager's certificate application no later than: (Note: the date specified must be within 2 working days of the date of this appointment)**

Who are you replacing/relieving for:

**(Must be the holder of the liquor licence where the manager will be working)**

Signed by:

Printed name:

(Tick which is applicable as signatory)

- Licensee (if Licence in name of natural person)
- Director of Licensee Company (under Companies Act 1993)
- Partner in Partnership (if Licence in name of 2 or more persons)

# Notice of Appointment of Manager

Sale of Liquor Act 1989, Section 130

The following **must** be notified of the appointment:

The Secretary  
**District Licensing Agency**  
PO Box 2199  
**WELLINGTON 6140**  
Fax 801 3012

The Secretary  
**Liquor Licensing Authority**  
Private Bag 32 001  
Panama Street  
**WELLINGTON 6146**  
Fax 462 6686

Liquor Licensing Sergeant  
**New Zealand Police**  
PO Box 693  
**WELLINGTON 6140**  
Fax 470 1614

Date:

Premises/Conveyance (i.e. train, boat, plane) Trading Name:

Premises Address:

Fax Number:

Phone Number:

Email address:

**Notice is hereby given of the appointment of:**

Full Name:

Date of Birth:

Male  Female  (tick appropriate box)

**Manager's Certificate No:**

**Date of expiry:**

Who are you replacing (if applicable):

**(Must be the holder of the liquor licence where the manager will be working)**

**Signed by:**

**Printed name:**

(Tick which is applicable as signatory)

- Licensee (if Licence in name of natural person)
- Director of Licensee Company (under Companies Act 1993)
- Partner in Partnership (if Licence in name of 2 or more persons)