

WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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☑ consents@wairoadc.govt.nz

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 PO Box 54, Wairoa 4160, Hawke's Bay
 Coronation Square, Queen Street, Wairoa

INFORMATION SHEET - NEW MANAGER'S CERTIFICATE

To complete this application you will need to answer all questions, supply all requested documentation and attach the prescribed fee. Please ensure you attach this information sheet when lodging your application.

Please note this application form is for a New Manager's Certificate. If you require a **renewal** of your Manager's Certificate, please refer to the **'Renewal of Manager's Certificate'** application form on our website.

Manager's Certificate

A manager's certificate authorises the holder to manage any licensed premises. You must be 20 years or older to hold a manager's certificate.

New M	anage	er's Certificate Applications
After 18	B Dece	mber 2013, every application for a Manager's Certificate must meet the following criteria:
		The applicant holds a LCQ certificate issued after 18 December 2013, or
		The applicant holds a LCQ certificate issued prior to 18 December 2013, and has successfully completed the "LCQ Bridging Test".
To com	plete	the application you will need to supply the following:
		The non-refundable prescribed fee of \$316.25
		Original application form
		A copy of photo identification
		A copy of proof of eligibility to work in New Zealand (if applicable)
		A copy of your Licence Controller Qualification certificate
		A copy of your Licence Controller Qualification Bridging certificate (if required)
		A letter from the employer of the licensed premises where you are working or a letter from the club you are working at, showing your involvement.

Lodgment & Payment Options

Post your completed application form with cheque to: Wairoa District Council, PO Box 54, Wairoa 4160. Lodge your application in person with cash, cheque or Eftpos at Wairoa District Council, 97-103 Queen Street, Wairoa.

WDC Office Use Only	Cashier	Comments
Receipt No.		
Receipt Amount:		
	Application Name:	MC

APPLICATION FORM - NEW MANAGER'S CERTIFICATE

Full legal name to be on licence: Any aliases used by the applicant: Full residential address: Post code: Email address: Gender:	Section Two Applicant L	retaits			
Full residential address: Post code:	Full legal name to be on lic	cence:			
Post code: Email address: Gender:	Any aliases used by the ap	plicant:			
Post code: Email address: Gender:	Full residential address:				
Gender:	Post code:				
Occupation: Date of birth: Preferred daytime contact name: Preferred contact number: Postal address for delivery of documents: Section Three Criminal Convictions Has the applicant been convicted of any criminal convictions? Yes	Email address:				
Date of birth: Place of birth: Preferred daytime contact name: Preferred contact number: Preferred contact number: Postal address for delivery of documents: Postal address for delivery of documents 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). Section Four Additional Matters Experience Pas Postal additional Address for which a licence is in force? Passal address for how of that experience below. If "Yes", please provide details and dates of that experience below. Training and Qualifications Has the applicant had any relevant training, in particular recent training? Passal Pa	Gender:	□ Male	☐ Female ☐ (Other	
Preferred daytime contact name: Preferred contact number: Postal address for delivery of documents: Section Three Criminal Convictions Has the applicant been convicted of any criminal convictions? Yes	Occupation:				
Preferred contact number: Postal address for delivery of documents: Section Three Criminal Convictions Has the applicant been convicted of any criminal convictions? Yes	Date of birth:		Place of b	irth:	
Postal address for delivery of documents: Section Three Criminal Convictions Has the applicant been convicted of any criminal convictions? Yes	Preferred daytime contact	name:			
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employed:	
Proposed Use	
Does the applicant intend	d at this time to be the manager of any particular licensed premises?
☐ Yes	□No
f "Yes", please state the ident	tifying particulars of those licensed premises below.
If those premises are a cactivities of the club?	club, what is the extent of the applicant's involvement in the management and
☐ Yes	fication the Licence Controller Qualification? No the qualification (LCQ) was obtained below.
Does the applicant hold t ☐ Yes	the Licence Controller Qualification?
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