

# Application for Managers Certificate Checklist - Form 17

## Checklist for New Managers Certificate (please tick)

- ☐ Application form (Includes police supplement form)
- ☐ Prescribed fee of \$316.25
- ☐ One reference from your current place of employment – stating dates of employment and duties. All references must be on letterhead, signed and dated.
- ☐ One reference from a previous New Zealand employer – stating dates of employment and duties. All references must be on letterhead, signed and dated.
- ☐ A copy of your Licence Controller Qualification certificate and a copy of your LCQ bridging course certificate (if applicable). Pass letters will not be accepted.
- ☐ Copy of your Work Permit (if applicable) – This should be a copy of your current visa in your passport or a letter from immigration which must show the expiry date.
- ☐ Copy of current Photo ID – Must be either passport, New Zealand Driving Licence or hospitality card (18+ or Kiwi Access)

Please note managers certificates can only be issued to those with

- Current employment in a licensed premises
- Six months experience in a licences premises in New Zealand (if you do not have 6 months experience you will be put on hold until you do)
- A valid work permit for New Zealand

Your application will not be formally accepted or processed until all information is lodged.

## For further information please contact

Queenstown Lakes District Council

10 Gorge Road Private Bag 50072 Queenstown

Phone: (03) 441 0499 (03) 450

Fax: 2223

Email: [services@qldc.govt.nz](mailto:services@qldc.govt.nz)

**Please be advised if you are on a working holiday visa or work permit the following conditions will be imposed on your managers certificate:**

- 1) This Manager's Certificate is only valid with a current New Zealand work permit.
- 2) The District Licensing Committee will review these conditions upon renewal.

# Application for Managers Certificate – Form17

Section 219, Sale and Supply of Alcohol Act 2012  
To the Secretary  
District Licensing Committee Queenstown Lakes District Council

## Details of applicant

Full legal name \_\_\_\_\_

Aliases \_\_\_\_\_ Email \_\_\_\_\_

Residential address \_\_\_\_\_

Sex \_\_\_\_\_ Occupation \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Postal address for service of documents \_\_\_\_\_

Mobile Number (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_

Criminal convictions [state all criminal convictions (other than convictions 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 applies)]

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Has the applicant had any experience (in particular recent experience) in controlling any premises or conveyance in respect of which a licence was in force? (please tick)

Yes ☐ No ☐

If Yes, what are the details and dates of that experience (in particular recent experience) in controlling any premises or conveyance in respect of which a licence was in force?

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Has the applicant had any relevant training, in particular, recent training? (please tick)

Yes ☐ No ☐

If Yes, what are the details of that training and on what dates was it taken?

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Does the applicant hold the Licence Controller Qualification (or a prescribed qualification within the meaning of section 218 of the Sale and Supply of Alcohol Act 2012)? (please tick)

Yes ☐ No ☐

If Yes, on what date was that qualification obtained?

\_\_\_\_/\_\_\_\_/\_\_\_\_

Does the applicant intend at this time to be the manager of any particular licensed premises?  
(please tick)

Yes ☐ No ☐

If "Yes", what are the identifying particulars of those licensed premises? (premise name,  
address, contact numbers)

\_\_\_\_\_  
\_\_\_\_\_

If it is a club, what is the extent of the applicant's involvement in its management and  
activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at (date and place) \_\_\_\_/\_\_\_\_/\_\_\_\_ Location \_\_\_\_\_

Signature of applicant \_\_\_\_\_

\*\* If this form is being completed on-line you will not be able, or required, to sign this form and the on-line  
lodgement will be treated as confirmation of your acknowledgement and acceptance of the above responsibilities  
and liabilities and that you have made the above representations, warranties and certification.

The deposit fee must be paid prior to or at the time of the application and proof of payment  
must be submitted with the application.

I confirm payment method as follows:

Payment Type \_\_\_\_\_

Amount Paid \$316.25

Date of Payment \_\_\_\_/\_\_\_\_/\_\_\_\_

Cheque payable to Queenstown Lakes District Council

Bank transfer to account 020948 000-2000-00 please use the first 5 letters of the  
applicant's name. (If paying from overseas swiftcode - BKNZNZ22)

Visa/Mastercard on the website – [www.gldc.govt.nz](http://www.gldc.govt.nz)

☐ Visa/Mastercard on the phone – please call 03 441 0499

**Notes**

- 1 This application must be accompanied by the prescribed fee.
- 2 If the applicant intends to be the manager of any particular licensed premises, the application must be filed with the Secretary of the District Licensing Committee with which the application for the licence was filed.
- 3 In all other cases, the application should be filed with the Secretary of the District Licensing Committee for the district in which the applicant is residing.

## **NEW ZEALAND POLICE REPORT**

**Assessing the suitability of the entity applying for the licence is a requirement under the Sale and Supply Act 2012. All directors of the entity are required to complete this form. The Police are required to report on this application. That report may include the release of any previous convictions you may have which will be a public record. You will receive a copy of that report.**

Full Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Maiden (or other) names: \_\_\_\_\_

Driver's Licence: Identity Number: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**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 identity number: \_\_\_\_\_

Country where passport or certificate issued: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_