

Date Stamp:

Application for Managers Certificate

Form 17 - Section 219 - Sale and Supply of Alcohol Act 2012

To: The Secretary
Marlborough District Licensing Committee
15 Seymour Street
PO Box 443
Blenheim 7240

Office Use	Only:	
CERT/	/	
Receipt #		
Surname:		

Surname:			
ons will not be processed)			
pplication fee and is therefore strict Council			
361 02			
ade under the Act. This is to			
ich you are currently working. Ir role, how long you have been ohol.			
A copy of your photo identification e.g. passport or driver's licence.			
lease supply details below			

Application for a Manager's Certificate is made in accordance with the details set out below.

Details of Applicant

First Name:		Surname:
(Include middle names)	D	D. 4 D. 4
Sex: Male / Female / Other	Date of Birth:	Place of Birth:
Occupation:		
Email:		
Phone:		Mobile:
Home address:		
		Postcode:
Postal address (if different fr	om above):	
		Postcode:
This doesn't include speeding offer	nce/parking tickets but does	include drivers' licence disqualification
Has the applicant had any exor conveyance in respect of		, recent experience) in controlling any premises force:
☐ Yes ☐ No		
If yes, what are the details a	nd dates of that experie	ence:

Has the app	olicant ha	d any relevant training, in particular, recent training (e.g. onsite):
☐ Yes	; 🗆	No
If yes, what	are the c	letails of that training and on what dates was it taken:
		·
Does the ap	oplicant h	old a prescribed qualification (as per the front page)?
☐ Yes	; 🗆	No
If yes, on w	hat date	was that qualification obtained?
Does the ap	oplicant ir	ntend at this time to be the Duty Manager of any particular licensed premises?
☐ Yes	; 🗆	No
If yes, what premises:	are the i	dentifying particulars of those licensed premises? i.e. name and type of
If it is a club	o, what is	the extent of the applicant's involvement in its management and activities?
Signature of type your nar	ot Applica me if submi	nt:
☐ I confirm	n that the	above information is true and correct.
Date:		
Notes		

- 1. This application must be accompanied by the prescribed fee.
- 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.

Once you have completed and signed this form, either save it and send via email to mdc@marlborough.govt.nz or you can print it out and drop it into the offices on Seymour Street or post to: Marlborough District Council, PO Box 443, Blenheim 7240.

Phone: +64 3 520 7400 | Email: mdc@marlborough.govt.nz PO Box 443, Blenheim 7240, New Zealand

marlborough.govt.nz