

## **Application for Renewal of Managers Certificate**

Form 19 - Section 219 - Sale and Supply of Alcohol Act 2012

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

Date Received:	
Office Use Only:	
CERT//	
Receipt #	
Surname:	

Checklist							
Please provide the following with your application:  Completed application and documentation (incomplete applications will not be processed)  APPLICATION FEE – \$316.25 (inclusive of GST) - This is an application fee and is therefore non-refundable after the application is received by Marlborough District Council  Cash / Eftpos							
				☐ Internet Banking – Pay to Account No. 02 0600 0202861 02 (use applicants name as reference)			
				Date Paid			
Application for a Managers Certificate is made in accordance with the details set out below.  Invoice Details — If your employer is paying for the invoice, please supply details below.  Name of fee payer for this application:							
Billing email address:							
Purchase order (if applicable):							
Details of Current Certificate							
Does the applicant hold a prescribed qualification (as per front page):							
☐ Yes ☐ No							
If yes, on what date was the qualification obtained?							
Number: Date of Expiry:							

## **Details of Applicant**

First Name:	Surname:	
(Include middle names)		
Sex: Male / Female / Other		
Date of Birth: Place of Birth:		
Occupation:		
Current place of employment:(In regard to sale and supply of alcohol)		
Email:		
	Mobile:	
Home address:		
	Postcode:	
Postal address (if different from above):		
	Postcode:	
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) This doesn't include speeding offence/parking tickets but does include drivers licence disqualification.  Please attach separate sheet if required.		
What steps has the applicant taken to manage the swith the aim of contributing to the reduction of alcohologous responsibility in the management of the licensed premise	nol related hard (how has the applicant applied host	

## Declaration Signature of Applicant: (type your name if submitting online) I confirm that the above information is true and correct.

## **Notes**

Date:

- 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 license 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