

## How to apply

Follow the instructions below to apply for a renewal of manager's certificate which authorises the holder to manage a licensed premises. **This application must be submitted and accepted before the current certificate expires. If your current certificate expires before you apply for a renewal, you will need to apply for a new manager's certificate.**

## Do you qualify to apply?

If you check all the boxes below, you may apply for to renew your manager's certificate.

- Have a current manager's certificate
- Hold an up to date licence controller qualification (LCQ) certificate
- Be working or intend to be working in a licensed premises in New Zealand

## What you need to do

- Supply a completed application form
- Supply all required supporting documents (see 'what to include')
- Pay the application fee – Please note, payment is to be made upon application
- Attend an interview with an alcohol licensing Inspector if required – this will be scheduled if required

## What to include

- Completed application form
- Application fee
- A colour copy of your New Zealand drivers licence or Passport
- A copy of your licence controller qualification (LCQ) certificate and any other relevant qualifications.  
*You must hold a current LCQ and bridging test certificate (if LCQ was issued prior to 18/12/2013) in order to apply. If you need to obtain a certificate, please visit this link [here](#) for more information.*
- A written reference from your employer at the licensed premises at which you are currently employed noting:
  - Your employment
  - How long you have worked there
  - Any relevant duties

If you are not a New Zealand Citizen or permanent resident, you must also provide:

- A colour copy of your current passport
- A copy of your current visa

You must pay the application fee of **\$316.25** upon application. Your application will not be processed until this fee is paid in full.

## Payment options

You can pay by cash, eftpos or credit card in person at any of our Council service centres. Alternatively, you can pay online at <https://www.fndc.govt.nz/Our-services/Pay-a-council-invoice>.

### Office Use Only

#### Payment

Application Fee (incl GST) \$	Receipt Number	Receipt Amount \$ Payment Received Y / N	Cashier Name
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#### Administration

Date Application Received	Date Application Vetted	Date Application Completed	Admin
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To the Secretary of the Far North District Licensing Committee this application to renew a manager's certificate is made in accordance with the details set out below.

## Certificate details

1 Do you have a current manager's certificate?  Yes  No

Certificate number:  Certificate expiry date:

## Applicant details

1

Full legal name:

Preferred name:  Gender:  Date of birth:

Occupation:  Place of employment:

Contact phone:  Contact email:

Residential address:  Postal address for service documents:

Drivers licence number:  Passport number:

2 Are you a New Zealand Citizen or permanent resident?  Yes *skip question 3*  No

3 Do you hold a current visa that allows you to work in New Zealand?  Yes *a copy is required*  No

4 Do you have any criminal convictions?  Yes  No  
*If yes, please complete the below:*

Nature of the offence	Date of conviction	Penalty Suffered

## Employment details

5 Are you employed or volunteering at a licensed premises?  Yes  No *skip question 6 to 8*  
*If no, please specify why you are renewing your certificate.*

6 Premises name:  License number:

Premises address:

Employed here since:

7 What are your current duties at the licensed premises?

8 How many hours (on average) do you work at this licensed premises?

9 LCQ issued:

Bridging test certificate issued:  
*if your LCQ was issued after 18/12/2023*

## Training and experience

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10 What steps have you taken to manage the sale and supply of alcohol pursuant to the licence with the aim of contributing to the reduction of alcohol related harm?

11 What training have you completed in relation to the service and monitoring of alcohol?

Date	Training	Provider

## IMPORTANT NOTE

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The NZ Police report on all applications and provide information of any convictions or concerns involving the applicant to the District Licensing Committee.

The personal information that you provide in this form will be held and protected by Far North District Council in accordance with our privacy statement, available [here](#).

Applicant's full name: \_\_\_\_\_

\_\_\_\_\_  
*Applicants signature*

\_\_\_\_\_  
*Date (DD / MM / YYYY)*