

How to apply

Follow the instructions below to apply for a new manager's certificate which authorises the holder to manage a licensed premises.

Do you qualify to apply?

If you check all the boxes below, you may apply for a new manager's certificate.

- 20 years of age or older
- Hold a licence controller qualification (LCQ) certificate
- Be working or intend to be working in a licensed premises in New Zealand
- Have at least 6 months experience 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 – this will be scheduled in due course

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
----------------------------------	----------------	---	--------------

Administration

Date Application Received	Date Application Vetted	Date Application Completed	Admin
---------------------------	-------------------------	----------------------------	-------

To the Secretary of the Far North District Licensing Committee this application for a manager's certificate is made in accordance with the details set out below.

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
end of application – you must be employed or volunteering at a licensed premises for a new manager's certificate.

6

Premises name:	License number:
Premises address:	
Employed here since:	

7 What are your current duties at the licensed premises?

8

9 Do you hold a licence controller qualification (LCQ)? Yes No
end of application – you must hold an LCQ certificate before you can apply.

10

Training and experience

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

Date	Training	Provider

12 Do you have at least 6 months experience within the last year and a half, managing the sale, supply, and consumption of alcohol on a licensed premises in New Zealand? Yes No
This can be as an Acting or Temporary manager, or under the guidance of a certified manager.

Start Date	End Date	Premises name	Location	Type of Experience	Certified manager (if any)

IMPORTANT NOTE

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)