

Name of Licensed Premises:	
Licensee:	Licence Number:
Address of Licensed Premises:	
Contact Phone Number:	Contact Email address:

What are you applying for? (please tick and complete the applicable box below)

New Certificated Manager

Full Legal Name:	Date of Birth:	
Residential Address:		
Certificate Number:	Effective from:	Expiry date:

Temporary Manager (see s.229, Sale and Supply of Alcohol Act)

Full Legal Name:	Date of Birth:
Residential Address:	
Who are they replacing:	Certificate Number:
Effective From:	Effective to:
Reason:	

Note that a temporary manager must apply for a manager's certificate within two working days of their appointment.

Acting Manager (see s.230, Sale and Supply of Alcohol Act)

Full Legal Name:	Date of Birth:
Residential Address:	
Who are they Replacing:	Certificate number:
Effective from:	Effective to:
Reason:	

Termination / Cancellation of Managers Appointment

Full Legal Name:	Effective from:
Certificate Number:	Certificate Expiry date:

Forward a copy of this completed form, within two working days of the appointment (or termination), to:

The Secretary
Waipa District Licensing Committee
c/o Waipa District Council
Private Bag 2402, Te Awamutu, 3840
Email: info@waipadc.govt.nz

Hamilton Police
Private Bag 3078
Waikato Mail Centre
Hamilton 3240
Attention: Liquor Licensing
Email: Hamilton.DLU@police.govt.nz

Signature of Licensee:	Date:
Name:	Position: Director, partner etc