



# APPLICATION FOR RENEWAL MANAGER'S CERTIFICATE (SALE OF LIQUOR ACT FORM 20) Section 123, Sale Of Liquor Act 1989

To: The Secretary  
Central Otago District Licensing Agency  
P O Box 122  
ALEXANDRA

Applications should be lodged with the Central Otago District Licensing Agency if:

- \* you are employed at a licensed premises within the Central Otago area; or
- \* you do not currently work in licensed premises but you live within Central Otago area.

## 1. DETAILS OF APPLICANT

(a) Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current place of employment (involving liquor): \_\_\_\_\_

Residential address: \_\_\_\_\_

(b) Postal address for service of documents: \_\_\_\_\_

(c) Daytime contact: Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

(d) Have you ever been convicted of any offence (including traffic but not parking) since the certificate was issued or last renewed?

Yes  No

If Yes, give details below. (You may wish to explain the circumstances on another page)

Nature of Offence	Date of Penalty Suffered	Conviction
_____	_____	_____
_____	_____	_____

(e) What steps has the applicant taken to manage the sale and supply of liquor pursuant to the licence with the aim of contributing to the reduction of liquor abuse?

\_\_\_\_\_  
\_\_\_\_\_

(f) Does the applicant hold the Licence Controller Qualification?  Yes  No

If Yes, on what date was the qualification obtained? \_\_\_\_\_

## 2. DETAILS OF CERTIFICATE

General Manager's  Club Manager's

Number: \_\_\_\_\_ Date of expiry: \_\_\_\_\_

If you have transferred from another area, what District Licensing Agency issued your Manager's Certificate or last renewal? \_\_\_\_\_

**Fee \$132**

Applicant's signature (not solicitor nor agent)

\_\_\_\_\_ Date

OFFICE USE ONLY	Date Sent	Deadline Date	Date Received	Application No.
Police Report				
Licensing Inspectors Report				Debtor No.
Notes				