

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)

<input type="checkbox"/> <b>New Certificated Manager</b>		
Full Legal Name:	Date of Birth:	
Residential Address:		
Certificate Number:	Effective from:	Expiry date:

<input type="checkbox"/> <b>Temporary Manager</b> (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:		
Reason:		

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

<input type="checkbox"/> <b>Acting Manager</b> (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:		

<input type="checkbox"/> <b>Termination / Cancellation of Managers Appointment</b>		
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  
Waipā District Licensing Committee  
c/o Waipā District Council  
Private Bag 2402, Te Awamutu, 3840  
Email: [info@waipadc.govt.nz](mailto:info@waipadc.govt.nz)

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

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