

BchjW'cZA UbUj Ya Ybh7\ Ub[Y



.....GYWjcb '&' %ZGU'Y'UbX'Gi dd'mcZ5`Vt\ c`5 W'i&\$%&

Name of Licensed Premises _____

Licensee _____ Licence Number _____

Address of Licensed Premises _____

Phone _____ Email _____

K\ UhUfY'nci 'bchjZ]b[3 (Please tick and complete the applicable box below)

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Full Name _____ Date of Birth ___/___/___

Residential Address _____

Certificate Number _____ Expiry Date ___/___/___ Effective from ___/___/___

HYa dcfUfmiA UbUj Yf'fgYY'g"&&- 'GU'Y'UbX'Gi dd'mcZ5`Vt\ c`5 W'i&\$%&

Full Name _____ Date of Birth ___/___/___

Residential Address _____

Who are they replacing _____ Certificate Number _____

Reason _____

Effective from ___/___/___

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

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Full Name _____ Date of Birth ___/___/___

Residential Address _____

Who are they replacing _____ Certificate Number _____

Reason _____

Effective from ___/___/___ Effective to ___/___/___

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Full Name _____ Date of Birth ___/___/___

Residential Address _____

Certificate Number _____ Expiry Date ___/___/___ Effective from ___/___/___

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The Secretary
District Licensing Committee
Waitaki District Council
Private Bag 50048
OAMARU 9444

Email: regulatory@waitaki.govt.nz

New Zealand Police
P O Box 44
OAMARU 9444
Attn: Alcohol Licensing

Fax: 03 433 140



Signature of Licensee: _____ Position (director, partner, etc) _____

Name: _____ Date: ___/___/___