

# Certified Managers List



Premises Name	
Licensee	
Licence Number	
Licence Expiry	
Address	
Contact Phone Number	
Contact Email	
Date Form Completed	
Licensee Signature	

***Please list all staff that hold Managers Certificates***

Name
Date of Birth
Residential Address
Contact Number
Contact Email
Certificate Number & Expiry Date

Name
Date of Birth
Residential Address
Contact Number
Contact Email
Certificate Number & Expiry Date

Name
Date of Birth
Residential Address
Contact Number
Contact Email
Certificate Number & Expiry Date

**Forward a copy of this completed form to the below:**

**Post:** The Secretary, District Licensing, Private Bag 7, Tokoroa, Attn: DLC Secretary  
**Email:** Alcohol@southwaikato.govt.nz