

Form 23
Application for suspension or cancellation of manager's certificate
Section 285, Sale and Supply of Alcohol Act 2012

To: The Secretary
Alcohol Regulatory and Licensing Authority
DX: SX11159
Wellington

Application for the [Choose an item.](#) of a manager's certificate is made in accordance with the details set out below.

Details of applicant

Full legal name: [Click here to enter text.](#)

Postal address for service of documents: [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Daytime contact name and telephone number: [Click here to enter text.](#)

Status: Constable:
Inspector:

Rank (if applicable): [Click here to enter text.](#)

Details of manager

Full legal name: [Click here to enter text.](#)

Postal address for service of documents (if known) [Click here to enter text.](#)

Email address: [Click here to enter text.](#)

Details of certificate

Number: [Click here to enter text.](#)

Details of employment

(To be included only where the manager is or was employed on any premises)

Address of premises: [Click here to enter text.](#)

Trading or other name (if any): [Click here to enter text.](#)

Kind of licence in force in respect of premises: [Choose an item.](#)

Name of licensee: [Click here to enter text.](#)

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Details of employment

(To be included only where the manager is or was employed on any conveyance)

Kind of conveyance: [Click here to enter text.](#)

Address of home base (if any): [Click here to enter text.](#)

Trading or other name (if any): [Click here to enter text.](#)

Kind of licence in force in respect of conveyance: [Choose an item.](#)

Name of conveyance: [Click here to enter text.](#)

Action sought (tick appropriate box)

Suspension

Cancellation

Grounds of application

[Choose an item.](#)
[Click here to enter text.](#)

Dated at: [Click here to enter a date.](#)

Signature of applicant:

[Click here to enter text.](#)