

Application for

Extract of Record or Register

Section 66(2), Sale and Supply of Alcohol Act 2012

Applicant details

Full name of applicant:

Postal address: (for service of documents)

Daytime contact name:

Phone number:

Mobile number:

Email address:

Extract of record or register

Please indicate the type of record you are requesting:

- | | |
|--|---|
| <input type="checkbox"/> Licence | <input type="checkbox"/> Licensed Premises Register |
| <input type="checkbox"/> Manager's Certificate | <input type="checkbox"/> Licence Controller's Qualification (LCQ) |
| <input type="checkbox"/> Other _____ | |

Record or register details

Please provide as much detail as possible on the record or register you are requesting.

Name on Licence/Certificate/LCQ:

Date Period of Licence/Certificate/LCQ or Register:

Any other relevant information:

Reason for requesting extract of record or register

Applicant's Signature:

Date:

**Applications can be delivered to the Customer Service Centre in Garden Place
or posted to Hamilton City Council, Private Bag 3010, Hamilton 3240.**

Office Use Only:
5177 – 57.50

Receipt Number: _____ Receipt Date: _____