

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 - 74.88

Receipt Number: _____

Receipt Date: _____