

**NOTICE OF MANAGEMENT CHANGE**  
**Section 231, Sale and Supply of Alcohol Act 2012**

Name of Licensed Premises: \_\_\_\_\_

Licensee: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

**What are you notifying?** (Please tick and complete the applicable box below)

**New Certificate Holding Manager**

Full Name: \_\_\_\_\_ Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_\_

**Temporary Manager**

(see s.229, Sale and Supply of Alcohol Act)

Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Who they are replacing: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Reason: \_\_\_\_\_

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

**Acting Manager**

(see s.230, Sale and Supply of Alcohol Act)

Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Who they are replacing: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Reason: \_\_\_\_\_

**Termination/Cancellation of Manager Appointment**

Full Name: \_\_\_\_\_ Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_\_

**Forward a copy of this completed form, within two working days of the appointment (or termination), to:**

The Secretary  
District Licensing Committee  
c/o District Council  
P O Box

New Zealand Police  
P O Box

Attention: Liquor Licensing

Fax: (07)

Fax: (07)

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position (director, partner etc): \_\_\_\_\_