

Notice of Management Change

Section 130, Sale of Liquor Act 1989

Name of licensed premises:

Licensee: Licence number:

Address of licensed premises:

Contact phone: Contact fax:

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

Appointment of Manager

Full name: Effective from: ____/____/____ to ____/____/____

Certificate number: Certificate expiry date:

Temporary Manager (see s.128, Sale of Liquor Act)

Effective from: ____/____/____ to ____/____/____

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.129, Sale of Liquor Act)

Effective from: ____/____/____ to ____/____/____

Full name: Date of birth:

Residential address:

Who they are replacing: Certificate number:

Reason:

Termination/Cancellation of Manager Appointment

Full name: Effective from: ____/____/____ to ____/____/____

Certificate number: Certificate expiry date:

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

<p>The Secretary Liquor Licensing Authority Private Bag 32001 Panama Street Wellington 6146</p> <p>Fax: 04 462 6686</p>	<p>The Secretary District Licensing Agency Waikato District Council Private Bag 544 Ngaruawahia 3724</p> <p>Fax: 07 824 8091</p>	<p>The Officer in Charge New Zealand Police Attention: Liquor Licensing Private Bag 3078 Hamilton 3240</p> <p>Fax: 07 838 9454</p>
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Signature of licensee: Date:

Name: Position (director, partner etc):