

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: () email address:

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

☐ New Certificate Holding Manager	OR	☐ Termination/Cancellation of Manager Appointment
Full name:	Effective from: / /20	
Certificate number:	Certificate expiry date:	

☐ Temporary Manager (see s.229, Sale and Supply of Alcohol Act)	OR	☐ Acting Manager (see s.230, Sale and Supply of Alcohol Act)
Effective from: / /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.		

Signature of licensee: Date:

Name: Position (director, partner etc):

Forward a copy of this completed form, within two working days of the appointment (or termination), to the Secretary of the District Licensing Committee as shown below AND a copy to your nearest Police Station (addresses shown below):

The Secretary District Licensing Committee Waikato District Council Private Bag 544 Ngaruawahia 3742 email: rss@waidc.govt.nz	District Licensing Unit Counties-Manukau Police Private Bag 76920 Manukau City Auckland 2241 email: tmalcoholadmin@police.govt.nz	The Officer in Charge New Zealand Police Attention: Liquor Licensing:- Private Bag 3078 Hamilton 3240 email: hamilton.dlu@police.govt.nz	The Officer in Charge New Zealand Police Attention: Liquor Licensing:- PO Box 10 Ngaruawahia 3742 email: LiquorLicensing@police.govt.nz
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