

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@waide.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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