

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

Named 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 2012) 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 2012) 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____ to ____/____/20____

Certificate Number: _____ Certificate Expiry Date: _____

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

Secretary
District Licensing Committee
Whanganui District Council
PO Box 637
Whanganui 4540

Fax: (06) 3490536

New Zealand Police
PO Box 443
Whanganui 4540
Attention: Liquor Licensing

Fax: (06) 3453881

Signature of licensee: _____ Date: _____

Name: _____ Position (director, partner etc.): _____