

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: / /

Certificate number:

Certificate expiry date:

Temporary manager (see s.229 of the Act)

Full name:

Effective from: / /

Residential address:

Effective to : / /

Who are they replacing:

Certificate number:

Reason for appointment:

Note: A temporary manager must file an application for a manager's certificate within 48 hours of this appointment.

Acting manager (see s.230 of the Act)

Full name:

Effective from: / /

Residential address:

Effective to : / /

Who are they replacing:

Certificate number:

Reason for appointment:

Termination / cancellation of manager appointment

Full name:

Effective from: / /

Certificate number:

Certificate expiry date:

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

The Secretary
Napier District Licensing Committee
Email - jasons@napier.govt.nz
Fax: (06) 8344178

Liquor Licensing Team
New Zealand Police
Email - HB.liquorlicensing@police.govt.nz
Phone: (06) 873 0534

Name: _____ Signature: _____ Date: _____

Position (circle one option): Licensee / Partner in partnership / Company Director / Authorised Agent