

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 ____ / ____ 20/ ____

Certificate Number: _____ Certificate Expiry Date: ____ / ____ 20/ ____

Temporary Manager
(see s.229, Sale and Supply of Alcohol Act)

Effective From ____ / ____ 20/ ____

Full Name: _____ Date of Birth ____ / ____ / ____

Residential Address: _____

Who are they 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)

Effective From ____ / ____ 20/ ____

Full Name: _____ Date of Birth ____ / ____ / ____

Residential Address: _____

Who are they replacing: _____ Certificate Number: _____

Reason: _____

Termination/Cancellation of Manager Appointment

Full Name: _____ Effective From ____ / ____ 20/ ____

Certificate Number: _____ Certificate Expiry Date: _____

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

The Secretary
Hurunui District Licensing Committee
C/- Hurunui District Council
PO Box 13
AMBERLEY 7410
e-mail: licensing@hurunui.govt.nz
Fax: (03) 314 9181

New Zealand Police
PO Box 2109
CHRISTCHURCH
Attn: Nicola Jackson

e-mail: Nicola.jackson@police.govt.nz
Fax: (03) 372 8085

Signature of Licensee: _____ Date: _____

Name: _____ Position: _____