NOTICE OF MANAGEMENT CHANGE

Section 231, Sale and Supply of Alcohol Act 2012

Name of Licensed premises:	
	Licence Number:
	Contact Fax:
What are you notifying? (Please tick and complete the applicable box below)	
☐ New Certificate Holding Manager	
Full Name:	Effective From / 20/
	Certificate Expiry Date:/ 20/
☐ Temporary Manager	Effective From / 20/
(see s.229, Sale and Supply of Alcohol Act)	
Full Name:	
Residential Address:	
	Certificate Number:
Reason:	
Note that a temporary manager must apply for a manager's certificate within two working days of their appointment.	
Acting Manager	Effective From / 20/
(see s.230, Sale and Supply of Alcohol Act) Full Name:	
Residential Address:	
Who are they replacing:	Certificate Number:
Reason:	
☐ Termination/Cancellation of Manager Appointment	
	Effective From / 20/
	Certificate Expiry Date:
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Forward a copy of this completed form, within two working days of the appointment (or termination), to:	
The Secretary	New Zealand Police
Hurunui District Licensing Committee C/- Hurunui District Council	PO Box 2109 CHRISTCHURCH
PO Box 13	Attn: Nicola Jackson
AMBERLEY 7410	
e-mail: <u>licensing@hurunui.govt.nz</u> Fax: (03) 314 9181	e-mail: Nicola.jackson@police.govt.nz Fax: (03) 372 8085
144. (03) 314 3101	Ταλ. (03) 372 0003
Signature of Licensee:	Date:
Name:	Position: