

**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)**

**A  New Certificate Holding Manager**

Full Name: \_\_\_\_\_ Effective From \_\_\_\_ / \_\_\_\_ 20\_\_\_\_

Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_ / \_\_\_\_ 20\_\_\_\_

**B  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.*

**C  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: \_\_\_\_\_

**D  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](mailto:licensing@hurunui.govt.nz)  
Fax: (03) 314 9181

New Zealand Police  
PO Box 2109  
CHRISTCHURCH

e-mail: [AlcoholCanterbury@police.govt.nz](mailto:AlcoholCanterbury@police.govt.nz)  
Fax: (03) 372 8085

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Please use this flowchart to help you work out what section(s) of the form you need to fill out.

This guide will help you to fill out the correct information.

**This section at the top always need to be completed in full.**

**Q. Are you appointing a new permanent duty manager (who holds a current Manager's Certificate)?** This includes existing staff that may have gotten their duty manager certificate or new employees.  
**Yes – Complete Section A.**

**Q. Do you want to make one of your staff a permanent duty manager, but they don't currently have a Manager's Certificate?**  
**Yes – Complete Section B.**  
Notes:

- The staff member must apply for a Manager's Certificate within two working days of this notification.
- If completing the Temporary Manager section for someone replacing a duty manager who is leaving, also complete Section D for the person leaving.

**Q. Is your duty manager going on annual or sick leave for more than 48 hours?**  
**Yes – You may need to complete Section C.** Read on to see if it applies to your situation.  
Note:

- If a duty manager is sick or on leave for no more than three weeks at any time (maximum period of six weeks per year) you can appoint an Acting Manager as cover, however you cannot use an Acting Manager for longer periods.

**Q. Has a duty manager stopped working at your premises?**  
**Yes – Complete Section D.**

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Licensee: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Contact Fax: \_\_\_\_\_

**What are you notifying? (Please tick and complete the applicable box below)**

**A  New Certificate Holding Manager**

Full Name: \_\_\_\_\_ Effective From \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**B  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.*

**C  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: \_\_\_\_\_

**D  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<br>Hurunui District Licensing Committee<br>C/- Hurunui District Council<br>PO Box 13<br>AMBERLEY 7410<br>e-mail: <a href="mailto:licensing@hurunui.govt.nz">licensing@hurunui.govt.nz</a><br>Fax: (03) 314 9181 | New Zealand Police<br>PO Box 2109<br>CHRISTCHURCH<br>e-mail: <a href="mailto:AlcoholCanterbury@police.govt.nz">AlcoholCanterbury@police.govt.nz</a><br>Fax: (03) 372 8085 |
|---|---|

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Remember** to keep a copy of all completed forms as part of your record-keeping of Duty Managers (s. 232) required by all licensees. You may need to produce it to show it was sent and received.