

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: _____

Temporary Manager

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

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)

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 _____

Certificate Number: _____ Certificate Expiry Date: _____

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

The Secretary
Horowhenua District Licensing Committee
c/o Horowhenua District Council
Private Bag 4002
Levin 5540

New Zealand Police
P O Box 242
Levin 5540
Attention: Alcohol Harm
Reduction Officer

Fax: (06) 366 0983

Fax: (06) 3686788

Signature of licensee: _____ Date: _____

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