

Notice of Management Change

Section 231, Sale and Supply of Alcohol Act 2012

Name of Licensed Premises _____
Licensee _____ Licence Number _____
Address of Licensed Premises _____
Phone _____ Email _____

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

New Certificate Holding Manager

Full Name _____ Date of Birth ___/___/___
Residential Address _____
Certificate Number _____ Expiry Date ___/___/___ Effective from ___/___/___

Temporary Manager (see s.229 Sale and Supply of Alcohol Act 2012)

Full Name _____ Date of Birth ___/___/___
Residential Address _____
Who are they replacing _____ Certificate Number _____
Reason _____
Effective from ___/___/___

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 2012)

Full Name _____ Date of Birth ___/___/___
Residential Address _____
Who are they replacing _____ Certificate Number _____
Reason _____
Effective from ___/___/___ Effective to ___/___/___

Termination/Cancellation of Manager Appointment

Full Name _____ Date of Birth ___/___/___
Residential Address _____
Certificate Number _____ Expiry Date ___/___/___ Effective from ___/___/___

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

The Secretary
District Licensing Committee
Waitaki District Council
Private Bag 50048
OAMARU 9444
Email: Regulatory@waitaki.govt.nz

New Zealand Police
P O Box 44
OAMARU 9444
Attn: Alcohol Licensing
Fax: 03 433 140



Signature of Licensee: _____ Position (director, partner, etc) _____

Name: _____ Date: ___/___/___