



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 & Supply of Alcohol Act)	Effective from ____/____/201__ to ____/____/201__
Full Name : _____	Date of Birth : _____
Residential Address: _____	
Who they are replacing : _____	Certificate Number : _____
Reason: _____	
<i>Note that a temporary manager must apply for a manager's certificate within two working days of their appointment.</i>	

Acting Manager (see s. 230, Sale & Supply of Alcohol Act)	Effective from ____/____/201__ to ____/____/201__
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 Alcohol and Regulatory Licensing Authority Private Bag 32001 Panama Street WELLINGTON 6146 Fax: (04) 462-6686	The Secretary Opotiki District Licensing Committee C/- Opotiki District Council PO Box 44 OPOTIKI 3162 email daleh@odc.govt.nz Fax: 07 315-7050	Sergeant Dale Allison Alcohol Harm Reduction Officer Whakatane Police PO Box 282 WHAKATANE email ahro.ebop@police.govt.nz

Signature of Licensee : _____ Date : _____

Name: _____ Position (director, partner etc: _____