

# Notice of Management Change

## Section 231, Sale & Supply of Alcohol Act 2012

### What are you notifying?

(Please tick and complete one of the below)

*Note: It is not necessary to notify the DLC or Police in respect of the appointment of a temporary or acting manager for any period not exceeding 48 consecutive hours.*

#### New Certificate Holding Manager

Full Name: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_  
 Certificate Expiry Date: \_\_\_\_\_  
 Effective from: \_\_\_\_\_

#### Temporary Manager

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

*Note: A temporary manager must apply for a Manager's Certificate within two working days of their appointment*

Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Effective from: \_\_\_\_\_  
 Who are they replacing: \_\_\_\_\_  
 Reason: \_\_\_\_\_

#### Acting Manager

Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Effective from: \_\_\_\_\_  
 Who are they replacing: \_\_\_\_\_  
 Reason: \_\_\_\_\_

#### Cancellation of Manager Appointment

Full Name: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_  
 Certificate Expiry Date: \_\_\_\_\_  
 Effective from: \_\_\_\_\_  
 Reason: \_\_\_\_\_

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

**Post:** The Secretary, District Licensing, Private Bag 7, Tokoroa, Attn: Liquor Licensing Inspector  
**Email:** alcohol@southwaikato.govt.nz

**Post:** Alcohol Harm Reduction Officer, Tokoroa Police, PO Box 44, Tokoroa 3420  
**Email:** AHRO.Taupo@police.govt.nz

<b>Name of Licensed Premises:</b>	
<b>Licensee:</b>	
<b>Signature of Licensee:</b>	
<b>Date:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	