

NOTICE OF MANAGEMENT CHANGE
Section 231 Sale and Supply of Alcohol Act 2012

Name of Licensed Premises: _____

Address of Licensed Premises: _____

Licensee: _____ Licence Number: _____

Phone: _____ Fax: _____

Email: _____

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

NEW CERTIFICATE HOLDING MANAGER

Full Name: _____ Effective from: ____ / ____ / ____

Certificate Number: _____ Expiry Date: _____

TEMPORARY MANAGER (sec 229, Sale and Supply of Alcohol Act 2012) Effective from: ____ / ____ / ____ to ____ / ____ / ____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who are they replacing? _____ Certificate No. _____

Reason: _____

Note that a temporary manager must apply for a manager's certificate within two working days of their appointment.

ACTING MANAGER (sec 230, Sale and Supply of Alcohol Act 2012) Effective from: ____ / ____ / ____ to ____ / ____ / ____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who are they replacing? _____ Certificate No. _____

Reason: _____

TERMINATION / CANCELLATION OF MANAGER APPOINTMENT

Full Name: _____ Effective from: ____ / ____ / ____

Certificate Number: _____ Expiry Date: _____

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

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| The Secretary Buller District Licensing Committee PO Box 21 WESTPORT 7866 Email: customerservices@bdc.govt.nz Fax: (03) 788-8041 | Alcohol Harm Reduction Officer New Zealand Police PO Box 34 WESTPORT 7866 Fax: (03) 788-8311 |
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Signature of Licensee: _____ Name: _____

Position (director, partner etc): _____ Date: ____ / ____ / ____