

NOTICE OF MANAGEMENT CHANGE
Section 130, Sale of Liquor Act 1989



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.128, Sale of Liquor Act)

Effective from: _____ / _____ / 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.129, Sale of Liquor 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
Liquor Licensing Authority
Private Bag 32001
Panama Street
WELLINGTON 6146

The Secretary
Queenstown Lakes District Licensing Agency
Private Bag 50077
74 Shotover Street
QUEENSTOWN 9348

New Zealand Police
Liquor Licensing Sergeant
DX Box ZX10323
11 Camp Street
QUEENSTOWN 9300

Fax: (04) 462 6686

Fax: (03) 442 4778

Fax: (03) 441 1601

Signature of licensee: _____ Date: _____

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