



NOTICE OF MANAGEMENT CHANGE

Section 231, Sale and Supply of Alcohol Act 2012

Company Name:	Premise Name:
Licence Number:	
Address of Licensed Premises:	
Contact Name:	Email:
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:
Date of Birth:	

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

Effective from: / / 20	to	/ / 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.230, Sale and Supply of Alcohol 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:
Date of Birth:	

FORWARD A COPY OF THIS COMPLETED FORM, within two working days of the appointment (or termination), to:

New Zealand Police
Alcohol Harm Reduction Officer
DX Box ZX10323
11 Camp Street, QUEENSTOWN 9300
Email: FMCTWP@police.govt.nz

The Secretary
District Licensing Committee
Private Bag 50072
74 Shotover Street, QUEENSTOWN 9300
Email: services@qldc.govt.nz

Signature of licensee:	Date:
Name:	Position (director, partner etc):