



# NOTICE OF MANAGEMENT CHANGE

Section 231, Sale and Supply of Alcohol Act 2012

Company Name:	Premises 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 2012)

Effective from:      /      / 20	to      /      / 20
Full Name:	Date of Birth:
Residential Address:	
<b>Who they are replacing:</b>	<b>Certificate Number:</b>
<b>Reason:</b>	

**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 2012)

Effective from:      /      / 20	to      /      / 20
Full Name:	Date of Birth:
Residential Address:	
<b>Who they are replacing:</b>	<b>Certificate Number:</b>
<b>Reason:</b>	

## 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: [FrontlineFileManagement@police.govt.nz](mailto:FrontlineFileManagement@police.govt.nz)

**The Secretary**  
District Licensing Committee  
Private Bag 50072  
74 Shotover Street, Queenstown 9300  
Email: [alcoholsupport@qldc.govt.nz](mailto:alcoholsupport@qldc.govt.nz)

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