

Notice of Management Change

Section 231, Sale and Supply of Alcohol Act 2012

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)

<input type="checkbox"/>	New Certificate Holding Manager		
Full Name:		Effective from:	
Certificate Number:		Certificate Expiry Date:	

<input type="checkbox"/>	Temporary Manager (see s.229, Sale and Supply of Alcohol Act)	Effective from:		until MC issued
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.				

<input type="checkbox"/>	Acting Manager (see s.230, Sale and Supply of Alcohol Act)	Effective from:		to	
Full Name:		Date of Birth:			
Residential Address:					
Who they are replacing:		Certificate Number:			
Reason:					

<input type="checkbox"/>	Termination/Cancellation of Manager Appointment			
Full Name:		Effective from:		
Certificate Number:		Certificate Expiry Date:		

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

SOUTHLAND DISTRICT LICENSING COMMITTEE **NEW ZEALAND POLICE**

PO Box 903
INVERCARGILL 9840

Email: sdcsouthlanddc.govt.nz Request the DLC to forward to Police

Fax: 0800 732 329 or: Email susan.rohde@police.govt.nz

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