

Notice of Management Change

Section 231 – Sale and Supply of Alcohol Act 2012

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

To: The Secretary
 District Licensing Committee
 Central Hawke's Bay District Council
 PO Box 127
 Waipawa

Alcohol Harm Reduction Group
 Hawkes Bay Police
 PO Box 49
 HASTINGS

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:	/ / 20
Certificate Number:		Certificate Expiry Date:	

<input type="checkbox"/> Temporary Manager <small>(See s.229, Sale and Supply of Alcohol Act)</small>		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.

<input type="checkbox"/> Acting Manager <small>(See s.230, Sale and Supply of Alcohol Act)</small>		Effective from:	/ / 20	to	/ / 20
Full Name:		Date of Birth:			
Residential Address:					
Reason:					

<input type="checkbox"/> Termination / Cancellation of Manager Appointment			
Full Name:		Effective from:	/ / 20
Certificate Number:		Certificate Expiry Date:	
Print Name:		Position (director, partner etc):	
Signature of Licensee:		Date:	