Notice of Management Change

SECTION 231, SALE AND SUPPLY OF ALCOHOL ACT 2012

Tauranga City

Name of licensed premises:

Licensee:

Licence number:

Address of licensed premises:

Contact Phone:

Contact fax:

What are you notifying? (Tick the appropriate box below.)

☐ **NEW CERTIFICATE HOLDING MANAGER**

Effective from: _____ / _____ / 20 _____

Full name:

Residential address:

Phone number:

Certificate number:

Certificate expiry date:

☐ **TEMPORARY MANAGER**

(see s.229, Sale and Supply of Alcohol Act2012)

Effective from: _____ / _____ / 20 _____

Full name:

Date of birth:

Who are they 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

Effective from: ____ / ____ / 20 ____ to ____ / ____ / 20 ____

Full name:

Date of birth:

Who are they replacing?

Certificate number:

Reason:

TERMINATION/CANCELLATION OF MANAGER APPOINTMENT

Effective from: ____ / ____ / 20 ____

Full name:

Certificate number:

Certificate expiry date:

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

The Secretary
Tauranga District Licensing Committee
Fax: (07) 577 7193

Email: **adminDLC@tauranga.govt.nz**

New Zealand Police
Tauranga Police Station
Fax: (07) 577 4879

Email: **Trevor.Brown@police.govt.nz**

Signature of licensee: _____

Date:

Name:

Position (director, partner etc.):