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/email _____

232 Licensees to keep record of temporary and acting managers
(1) Every licensee required by this Act to appoint a manager or managers for any premises must, in respect of each manager, acting manager, or temporary manager appointed for the premises, record (in a form that is readable or retrievable) the information prescribed by regulations made under this Act for the purposes of this section.
(2) The licensee must keep the information recorded for at least 2 years after it is recorded.

What are you notifying? (Please tick and complete the applicable box below)

☐ **New Certificate Holding Manager**

Full Name: _____ Effective from: _____ / _____ / 2 0 _____

Certificate Number: _____ Certificate Expiry Date: _____

☐ **Temporary Manager**
(s.229, Sale and Supply of Alcohol Act 2012) Effective from: ____ /____ / 2 0____ to ____ /____ / 2 0 ____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who they are replacing: _____ Certificate Number: _____

Reason: _____

Note: a temporary manager must apply for a manager's certificate within two working days of their appointment.

☐ **Acting Manager**
(s.230, Sale and Supply of Alcohol Act 2012) Effective from: ____ /____ / 2 0____ to ____ /____ / 2 0 ____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who they are replacing: _____ Certificate Number: _____

Reason: _____

☐ **Termination/Cancellation of Manager Appointment**

Full Name: _____ Effective from: _____ / _____ / 2 0 _____

Certificate Number: _____ Certificate Expiry Date: _____

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

The Secretary
Rotorua District Licensing Committee
Private Bag 3029
ROTORUA

Email: compliance.admin@rotorualc.nz

New Zealand Police
Fenton Street
ROTORUA
Attention: Alcohol Harm Reduction Unit

Email: AHRU.Rotorua@police.govt.nz

Signature of licensee: _____ Date: _____

Name: _____ Position (director, partner etc): _____