

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)

New Certificate Holding Manager

Full Name: \_\_\_\_\_ Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_\_

Temporary Manager

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

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.*

Acting Manager

(see s.230, Sale and Supply of Alcohol Act)

Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Who they are replacing: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Reason: \_\_\_\_\_

Termination/Cancellation of Manager Appointment

Full Name: \_\_\_\_\_ Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_\_

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

managernotifications@aucklandcouncil.govt.nz AND ALSO

TMAcoholAdmin@police.govt.nz

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position (director, partner etc): \_\_\_\_\_