

Name:

NOTICE OF MANAGEMENT CHANGE



			Section 231, Sale	and Supply	of Alcohol Act 2012			
	Company Name:				Licence Number:			
	Address of Licensed Premises:							
	Contact Name:							
	Contact Phone: ()			Contact Fax: ()			
	WILL ARE VOLLA	OTIEVIN	00 (7)					
	WHAI ARE YOU N	OTIFYIN	G: (Please tick a	ind comple	te the applicable box below)			
	NEW CERTIFIC	ATE HO	DLDING MAN	NAGER				
	Full Name:				Effective from:	/	/ 20	
	Certificate Number:				Certificate Expiry Date:			
	Date of Birth:							
	TEMPORARY N	IANAGE	R (see s.229, Sa	ale and Sup	oply of Alcohol Act)			
	Effective from:	/	/ 20	to	/ / 20)		
	Full Name:				Date of Birth:			
	Residential Addresss:							
	Who they are replacing:				Certificate Number:			
	Reason:							
	NOTE that a temporal	rv manage						
		iy illallaye	r must apply for a	a manager	's certificate within two wo	rking days	of their appointmen	nt.
						rking days	of their appointmen	nt.
j	ACTING MANA					rking days	of their appointmer	nt.
							of their appointmer	nt.
	ACTING MANA		e s.230, Sale and	Supply of A	Alcohol Act)		of their appointmer	nt.
	ACTING MANA Effective from:		e s.230, Sale and	Supply of A	Alcohol Act) / / 20		of their appointmer	nt.
5	ACTING MANA Effective from: Full Name:	GER (see	e s.230, Sale and	Supply of A	Alcohol Act) / / 20		of their appointmer	nt.
	ACTING MANA Effective from: Full Name: Residential Addresss:	GER (see	e s.230, Sale and	Supply of A	/ / 20 Date of Birth:		of their appointmer	nt.
	ACTING MANA Effective from: Full Name: Residential Addresss: Who they are replace Reason:	GER (see	e s.230, Sale and d	Supply of A	/ / 20 Date of Birth: Certificate Number:		of their appointmen	nt.
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	ACTING MANA Effective from: Full Name: Residential Addresss: Who they are replace Reason: TERMINATION/ Full Name: Certificate Number: Date of Birth: FORWARD A COPY OF New Zealand Police Liquor Licensing Sergeant DX Box ZX10323	GER (see	e s.230, Sale and	to F MANA	Date of Birth: Certificate Number: Certificate Number: Certificate Expiry Date: Certificate Expiry Date: The Secretary District Licensing Committee Private Bag 50072	IT /	/20	
	ACTING MANA Effective from: Full Name: Residential Addresss: Who they are replace Reason: TERMINATION/ Full Name: Certificate Number: Date of Birth: FORWARD A COPY OF New Zealand Police Liquor Licensing Sergeant	GER (see	e s.230, Sale and	to F MANA	Date of Birth: Certificate Number: Certificate Number: Certificate Expiry Date: Certificate Expiry Date: The Secretary District Licensing Committee	IT /	/20	
	ACTING MANA Effective from: Full Name: Residential Addresss: Who they are replace Reason: TERMINATION Full Name: Certificate Number: Date of Birth: FORWARD A COPY OF New Zealand Police Liquor Licensing Sergeant DX Box ZX10323 11 Camp Street	GER (see	e s.230, Sale and decrease of the second sec	to F MANA	Date of Birth: Certificate Number: Certificate Number: Certificate Expiry Date: Certificate Expiry Date: The Secretary District Licensing Committee Private Bag 50072 10 Gorge Road	IT /	/20	

Position (director, partner etc):