NOTICE OF MANAGEMENT CHANGE Section 231, Sale and Supply of Alcohol Act 2012

Name of Licensed Premises:					
Licensee:	icensee:Licence Number:				
Address of Licensed Premises:					
Contact Phone: ()	Email:				
What are you notifying? (Please tick and complete the applicable box below)					
☐ New Certificate Holding Manager					
Full Name:					
Certificate Number:	Certificate Expiry Date:				
Temporary Manager (see s.229, Sale and Supply of Alcohol Act) Full Name:	Effective from: / 2 0 to / 2 0				
Residential Address:					
Who they are replacing:	Certificate Number:				
Reason:					
Note that a temporary manager must apply	y 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: / 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:					
Certificate Number:	Certificate Expiry Date:				
Forward a copy of this completed form, with	in two working days of the appointment (or termination), to:				
The Secretary Hauraki District Licensing Committee c/o Hauraki District Council PO Box 17 Paeroa	New Zealand Police PO Box 54 Waihi 3641 Attention: Liquor Licensing				
Signature of licensee:	Date:				
Name:	Position (director, partner etc):				

	Hauraki District Licensing Ag	M 741087	
HAURAKI DISTRICT COUNCIL	Responsibility: Peter Thom	Date issued :18/12/2013	Version No: 2
	Location : Hauraki District	Review date : 8/10/2021	Page: 1 of 1