

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 e-mail: _____

Please complete the applicable box below:

New Certificate Holding Manager

Full name: _____ Effective from: _____ / _____ / 20 _____
Certificate number: _____ Certificate expiry date: _____

Temporary Manager (s229, Sale and Supply of Alcohol Act)

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

Full name: _____ Date of birth: _____

Residential address: _____

Who they are replacing: _____ Certificate number: _____

(Can only be used to replace an existing appointed manager on your Manager's Register)

Reason: _____

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

Acting Manager (s230, Sale and Supply of Alcohol Act)

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

Full name: _____ Date of birth: _____

Residential address: _____

Who they are replacing: _____ Certificate number: _____

(Can only be used to replace an existing appointed manager on your Manager's Register)

Reason: _____

Note: Acting Managers can only be used for 3 weeks at a time, not exceeding 6 weeks in 12 months.

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:

The Secretary
District Licensing Committee

Hamilton City Council
Private Bag 3010
Hamilton 3240

E-mail: licensing@hcc.govt.nz

Fax: (07) 838 6458

New Zealand Police

PO Box 3078
Waikato Mail Centre
Hamilton 3240
Attention: Alcohol Licensing

E-mail: Hamilton.DLU@police.govt.nz

Signature of licensee: _____ Date: _____

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