

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 application)

New Certificate Holding Manager

Full Name: _____ Effective from: _____ / _____ /20 _____

Certificate Number: _____ Expiry Date: _____

Temporary Manager

Effective from: _____ / _____ /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

Effective from: _____ / _____ /20 _____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who they are replacing: _____ Certificate Number: _____

Reason: _____

Termination/Cancellation of Manager Applicant

Full Name: _____ Effective from: _____ / _____ /20 _____

Certificate Number: _____ Expiry Date: _____

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

The Secretary
Upper Hutt District Licensing Committee
Upper Hutt City Council
Private Bag 907
UPPER HUTT 5140
Email: askus@uhcc.govt.nz Fax: 04 528 2652

New Zealand Police
PO Box 693
Wellington 6011
Attention Alcohol Harm Prevention Office
E Mail: AHPO.Wellington@police.govt.nz
Fax: (04) 4738428

Signature of licensee: _____ Date: _____

Name: _____ Position: _____