

# 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 email: \_\_\_\_\_

**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 \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ /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 TMAAlcoholAdmin@police.govt.nz**

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

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