

NOTICE OF MANAGEMENT CHANGE
S231, Sale and Supply of Alcohol Act 2012

LICENCE DETAILS

Name of Licensed Premises

Licensee Licence Number

Address of Licensed Premises

Contact Phone Contact Fax

WHAT ARE YOU NOTIFYING? (please tick and complete the applicable box below)

Notice of appointment (see s231)

Full Name Effective from

Certificate Number Certificate Expiry Date

Temporary Manager (See s229)

Effective from to

Full Name Date of Birth

Residential Address

Who are they 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 s230)

Effective from to

Full Name Date of Birth

Residential Address

Who are they replacing? Certificate Number

Reason

Termination / cancellation of manager appointment (see s231)

Full Name Effective from

Certificate Number Certificate Expiry Date

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

The Secretary
Stratford District Licensing Committee
PO Box 320
STRATFORD 4352
Fax: (06) 765 7500

New Zealand Police
PO Box 69
STRATFORD 4352
Attention: Liquor Licensing
Fax: (06) 765 8861

Note: S232, every licensee is required by this Act, to record (in a form that is readable or retrievable) the information prescribed by regulations made under this Act. The licensee must keep the information for at least two years.

Signature of licensee Date

Name Position (direction, partner etc)