

**Notice of Management Change** 

Section 231, Sale and Supply of Alcohol Act 2012

Please forward a copy of this completed form within TWO working days of appointment or termination to:

The SecretaryAshburton Policeinfo@adc.govt.nzAHRO.Ashburton@police.govt.nz

Licensed Premises Details		
Name of licensed premises:		
Licensee:	Licence Number:	
Address of Licensed Premises:		
Contact Phone:	Email:	
What are you notifying?		
New Certificate Holding Manager Please provide copy of current Certificate.		
Full Name:		
Date of Birth:	Effective from (date):	
Certificate Number:	Certificate Expiry Date:	
Temporary Manager (see s.229, Sale and Supply of Alcohol Act 2012)		
Full Name:		
Date of Birth:		
Effective from (start date):		
Certificate Number:	-	
Residential Address:		
Who are they replacing?		
Reason:		
Note: 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 2012)		
Full Name:		
Date of Birth:		
Effective from (start date):		Effective to (end date):
Certificate Number:		
Residential Address:		
Who are they replacing?		
Reason:		
Termination/Cancellation of Manager Appoint	tmer	t
Full Name:		
Effective from (date):		
Certificate Number:	Exp	iry Date:
Signature and Date (unsigned documents are unable to be accepted)		
Signature:	-	Date:
Name:		
Position (Licensee, director, partner, etc):		