

**NOTICE OF MANAGEMENT CHANGE**  
Section 231 Sale and Supply of Alcohol Act 2012

Name of Licensed Premises: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

Licensee: \_\_\_\_\_ Licence Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**What are you notifying? (Please tick and complete the applicable box)**

**NEW CERTIFICATE HOLDING MANAGER**

Full Name: \_\_\_\_\_ Effective from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Certificate Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**TEMPORARY MANAGER** (Sec 229, Sale and Supply of Alcohol Act 2012)

Effective from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Who are they replacing: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Reason: \_\_\_\_\_

**Note: that a temporary manager must apply for a Manager's Certificate within two working days of their appointment**

**ACTING MANAGER** (Sec 230, Sale and Supply of Alcohol Act 2012)

Effective from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work/Resident Permit: Yes / No (If yes, please attach copy) NZ Citizen: Yes / No

**Please attach a copy of photo identification**

Residential Address: \_\_\_\_\_

Who are they replacing: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Reason: \_\_\_\_\_

**Note: An Acting Manager can only be called upon to replace a duty manager on annual leave for 6 weeks in any 12 month period. A duty manager on sick leave or absent from work can be replaced for 3 weeks at a time by an acting manager.**

**TERMINATION/CANCELLATION OF MANAGER APPOINTMENT**

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

The Secretary  
Westland District Licensing Committee  
C/- Westland District Council  
Private Bag 704  
Hokitika 7842  
Email: [licensing@westlanddc.govt.nz](mailto:licensing@westlanddc.govt.nz)

New Zealand Police  
PO Box 17  
Hokitika  
Email: [jwk524@police.govt.nz](mailto:jwk524@police.govt.nz)

Signature of Licensee: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Licensee/Director/Partner) only

**Notes referring to Temporary Manager**

- (e) *in respect of each day on which the temporary manager was appointed temporary manager for the premises or conveyance, -
  - (i) *a brief statement of the reason for the temporary manager's appointment; and*
  - (ii) *if it was because of the dismissal or resignation of a manager, the full legal name of the Manager**
  
- (f) *in respect of the occasion on which (under sections 231 of the Act) the licensee notified the licensing committee with which the application for the premises' licence was filed of the appointment, or the cancellation or termination of the appointment, of the temporary manager, the day on which the licensee did so.*