

NOTICE OF MANAGEMENT CHANGE
Section 130, Sale of Liquor Act 1989

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)

New Certificate Holding Manager

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

Certificate Number: _____ Certificate Expiry Date: _____

Temporary Manager (see s.128, Sale of Liquor Act) Effective from: ____ / ____ / 20 ____ to ____ / ____ / 20 ____

Full Name: _____ Date of Birth _____

Residential Address: _____

Who they are replacing: _____ Certificate Number _____

Reason: _____

Note: a temporary manager must apply for a manager's certificate within two working days of their appointment

Acting Manager (see s.129, Sale of Liquor 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 ____

Certificate Number: _____ Certificate Expiry Date: _____

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

The Secretary
Liquor Licensing Authority
Private Bag 32001
Panama Street
Wellington 6146
Fax: (04) 462 6686

The Secretary
Kapiti Coast District Licensing Agency
C/- Kapiti Coast District Council
Private Bag 601
Paraparaumu
Fax: (04) 2964 830

New Zealand Police
P O Box 205
Paraparaumu - 04 2966801 fax
OR
P O Box 22
Otaki - 06 3645508 fax

Signature of licensee: _____ Date: _____

Name: _____ Position (director, Partner etc): _____