

NOTICE OF MANAGEMENT CHANGE

Section 231, Sale and Supply of Alcohol Act 2012

Details of Premises			
Name of Licensed Premises:			
Licensee:			
Licence Number:			
Address: Number		Street:	
Suburb:		City:	Postcode:
Telephone:	Mobile:		
Email:			Preferred mode of contact:
What are you notifying? Please tick and complete the applicable box below:			
<input type="checkbox"/> New Certificate Holding Manager			
Full Name:		Effective From: ___ / ___ / 20___	
Certificate Number:		Certificate Expiry Date:	
<input type="checkbox"/> Temporary Manager (see s.229, Sale and Supply of Alcohol Act 2012)			
Full Name:		Effective From: ___ / ___ / 20___	
Date of Birth:	Residential Address :		
Suburb:	City:	Postcode:	
Who they are replacing:			Certificate Number:
Reason:			
<i>Note that a temporary manager must apply for a manager's certificate within two working days of their appointment</i>			
<input type="checkbox"/> Acting Manager (see s.230, Sale and Supply of Alcohol Act 2012)			
Full Name:		Effective From: ___ / ___ / 20___ to ___ / ___ / 20___	
Date of Birth:	Residential Address:		
Suburb:	City:	Postcode:	
Who they are replacing:			Certificate Number:
Reason:			
<input type="checkbox"/> Termination / Cancellation of Manager Appointment			
Full Name:		Effective From: ___ / ___ / 20___	
Certificate Number:		Certificate Expiry Date:	
Signature of Licensee			
Full Name:		Signature:	
Date:	Position (director, partner etc):		

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

The Secretary
District Licensing Committee
Kāpiti Coast District Council
Private Bag 60601, Paraparaumu 5254
175 Rimu Road, Paraparaumu 5032
Email: licence.application@kapiticoast.govt.nz

New Zealand Police
Alcohol Harm Prevention Unit
PO Box 693
Wellington
Email: ahpo.wellington@police.govt.nz

OR New Zealand Police
PO Box 22
Otaki
Email:
philip.grimstone@police.govt.nz