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 S		Street:	Street:				
Suburb:		City:		Postcode:			
Telephone:	Mobile:	lobile:		Fax:			
Email:	Website:			Preferred mode of contact:			
What are you notifying? Please tick and complete the applicable box below:							
□ New Certificate Holding Manager							
Full Name:			Effective From:/	/ / 20	to	_/	/ 20
Certificate Number:			Certificate Expiry Date:				
☐ Temporary Manager (see s.229, 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:							
Note that 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:			Effective From:/	/ 20	to	_/	_ / 20
Date of Birth:	Residential A	1					
Suburb:	City:			Postcode:			
Who they are replacing:				Certificate Number:			
Reason:							
☐ Termination / Cancellation of Manager Appointment							
Full Name:			Effective From:/ 20 to/ 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 Wellington Email: ahpo.wellington@police.govt.nz

New Zealand Police Alcohol Harm Prevention Unit

Horowhenua

Email: ahp.horowhenua@police.govt.nz