



TEMPORARY MANAGER'S APPOINTMENT

(Sale Of Liquor Act 1989)

Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Date of Birth: _____

Has manager's certificate been lodged? YES/NO

Application was lodged on: _____

Please list all relevant training: _____

Please list all previous experience: _____

Dated at _____ this _____ day of _____ 20 _____

I hereby state that the above particulars are true and correct.

(signed by temporary manager)

(Full name of temporary manager)

is hereby appointed a temporary manager of the premises situated at

and known as _____ from _____

(signed by licensee)

Please note:

The appointment of a temporary manager is to be made by the licensee on the following conditions:

1. In any case where a manager is ill or is absent for any reason, or is dismissed, or resigns.
2. The appointee shall, within 2 working days after the appointment, apply for a manager's certificate: and, if such an application is made, the temporary manager, shall from the time of the appointment until the application is determined, be deemed for the purpose of this Act to be the holder of a manager's certificate.
3. If the appointee does not apply for a manager's certificate within that period of 2 working days, or if the application is refused, the licensee shall cease to employ the appointee as a manager.