

Notice of Management Change



Section 231, Sale and Supply of Alcohol Act 2012

Name of Licensed Premises: _____

Licensee: _____ Licence Number: _____

Address of Licensed Premises: _____

Contact Phone: _____ Contact Email: _____

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.229, of the Act) Effective from: ____ / ____ / 20__ to ____ / ____ / 20__

Full Name: _____ Date of Birth: _____

Residential Address: _____

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 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
District Licensing Committee
Central Otago District Council
PO Box 122
ALEXANDRA

New Zealand Police
Email to:
queenstown.licensing@police.govt.nz

Email to: linda.ferrier@codc.govt.nz

Signature of Licensee: _____ Date: _____

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