Notice of management change



Section 231, Sale and Supply of Alcohol Act 2012

Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to mark your answers; and
- print clearly.

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

• The Secretary, District Licensing Committee, PO Box 115, Dannevirke 4942, email to alcohol-licensing@tararuadc.govt.nz, or fax to 06 374 4137.

The Tararua District Council will notify the Alcohol Harm Reduction Officer, NZ Police, Private Bag 11040, Palmerston North 4110.

Applicant details (Please print in CAPITALS)

Name of licensed premises		
Name of licensee		
Position (<i>director, partner, etc</i>)		
0 - Phone number	0 - Fax number	0 Mobile number
Email		
Signature of licensee		// 2 0 Date
What are you notifying?		
Please tick one and complete details in the second secon	ne applicable section following.	
New certificate holding manager	Temporary manager	Acting manager
Termination/cancellation of manager	appointment	
New certificate holding m	anager (Please print in CAPITALS)	

Date effective from	Driver licence number
Full name	
Certificate number	Certificate expiry date

Temporary manager (see Section 229, Sale and S	Supply of Alcohol Act 2012)
// 2_0 to/ 2_ Effective from	0 / / / / / Date of birth
Full name	
Residential address	
Whom are they replacing?	//2_0 Certificate expiry date Driver licence number
Reason for replacement	

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

Acting manager	(see	Secti	ion 23	o, Si	ale a	and	Sup	ply	of A	lcol	hol A	Act 2	2012	2)												
Effective from		to		/			/ 2	0										D	ate	/ of b	oirth		/			
Full name		1				I	1										I	I					I			
	1													1		1										
Residential address																										
Whom are they replacing?	1																									
Certificate number	/			/					C	erti	/ ficat	te ex	xpiry	」′ ட	2 d ite	D			Di	river	- lice	ence	e nu	mbe	er	
Reason for replacement																										

Termination/cancellation of manager appointment

Full name	
Date effective from	
Certificate number	Certificate expiry date

Acknowledgement of receipt by Dis	strict Licensing Committee	
Signature	Time : m Date / /	2 0