

**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 Fax: \_\_\_\_\_

**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, Sale and Supply of Alcohol 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 and Supply of Alcohol 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  
Southland District Licensing Committee  
PO Box 903  
INVERCARGILL 9840

Email: liquor@southlanddc.govt.nz

Fax: 0800 732 329

New Zealand Police  
(whichever is closest to your premises)

Te Anau  
Riversdale  
Lumsden

Riverton  
Ohai  
Otautau  
Stewart Island  
Winton  
Wyndham

Fax (03) 249 8233

Fax (03) 202 4141

Fax (03) 248 9088

Fax (03) 234 7071

Fax (03) 225 4134

Fax (03) 225 8919

Fax (03) 219 0021

Fax (03) 236 6061

Fax (03) 206 2161

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position (director, partner etc): \_\_\_\_\_