

**NOTICE OF MANAGEMENT CHANGE**  
**Section 231, Sale and Supply of Alcohol Act 2012**

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

Masterton District Licensing Committee  
c/- Masterton District Council  
PO Box 444  
Masterton 5840

Masterton Police Station  
PO Box 443  
Masterton 5840

Email: [alcohol@mstn.govt.nz](mailto:alcohol@mstn.govt.nz)  
Fax: (06) 378 8400

**Attention: Alcohol Harm Reduction Officer**  
Email: [wairarapa.police@police.govt.nz](mailto:wairarapa.police@police.govt.nz)  
Fax: (06) 370 5950

*\*Remember to record the date this notice was sent in the Licensed Venue Compliance Essentials folder*

Licensed Premises: \_\_\_\_\_

Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Email: \_\_\_\_\_

*A person appointed as a Duty Manager must be over the age of 20.*

**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: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

**Temporary Manager**

(see s.229, Sale and Supply of Alcohol Act) Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Full Name: \_\_\_\_\_ Please supply of copy of Driver's Licence or Passport  
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\_\_\_\_  
**(maximum appointment – 3 weeks)**  
Full Name: \_\_\_\_\_ Please supply of copy of Driver's Licence or Passport  
Residential Address: \_\_\_\_\_  
Who they are replacing: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Reason: \_\_\_\_\_

**Termination/Cancellation of Manager Appointment**

Full Name: \_\_\_\_\_ Effective from: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
Certificate Number: \_\_\_\_\_ Certificate Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Signature of licensee: \_\_\_\_\_ Position (director, partner etc): \_\_\_\_\_

Date: \_\_\_\_\_