

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

Alcohol Harm Prevention Unit
Wellington Central Police Station
PO Box 693, Wellington 6011

Email: alcohol@mstn.govt.nz

Email: AHPO.Wellington@police.govt.nz

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: _____

**Remember update the Managers Register. This information must be kept for 2 years.*