

## ENVIRONMENTAL SERVICES

### Waimakariri District Licensing Committee

# Notice of Management Change

Section 231, Sale and Supply of Alcohol Act 2012

To: Waimakariri District Licensing Committee and  
NZ Police

Notice of management change is advised in accordance with the details set out below.

#### Name of licensed premises

Licensee: \_\_\_\_\_ Licence no: \_\_\_\_\_

Address of licensed premises: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email address: \_\_\_\_\_

#### What are you notifying?

Please tick and complete the applicable box below:

##### New Certificate Holding Manager

Full name: \_\_\_\_\_

Effective from: \_\_\_\_\_ Certificate no: \_\_\_\_\_ Certificate expiry date: \_\_\_\_\_

##### Temporary Manager (See Section 229, Sale and Supply of Alcohol Act 2012)

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Residential address: \_\_\_\_\_

Certificate no: \_\_\_\_\_ Effective from: \_\_\_\_\_ to: \_\_\_\_\_

Who are they replacing? \_\_\_\_\_

Certificate no: \_\_\_\_\_ Reason: \_\_\_\_\_

#### Notes

- A temporary manager must apply for a manager's certificate within two working days of their appointment.
- It is not necessary to notify the DLC or Police in respect of the appointment of a temporary manager for any period not exceeding 48 consecutive hours.

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**Acting Manager** (see s.230 Sale and Supply of Alcohol Act)

Effective from: \_\_\_\_\_ to: \_\_\_\_\_

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Residential address: \_\_\_\_\_

Who are they replacing: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Reason: \_\_\_\_\_

**Termination/cancellation of manager appointment**

Full name: \_\_\_\_\_

Effective from: \_\_\_\_\_ Certificate no: \_\_\_\_\_ Certificate expiry date: \_\_\_\_\_

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

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the box above you are giving your authority for this application to proceed.

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

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

**Return form**

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

Email: AlcoholCanterbury@police.govt.nz

New Zealand Police  
PO Box 2109  
Christchurch 8011

**and**

Email: alcohol@wmk.govt.nz

or post to:

Waimakariri District Council  
Private Bag 1005  
Rangiora 7440

**Please retain a copy of this notification for your records**