

## 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 Email address:			
What are you applying for? (please tick and complete th	e applicable box below)			
New Certificated Manager				
Full Legal Name:	1		Date of Birth:	
Residential Address:				
Certificate Number:	Effective from:		Expiry date:	
Temporary Manager (see s.229, Sale and Supply of Alcoho	ol Act)			
Full Legal Name:	Date of		Birth:	
Residential Address:				
Who are they replacing:	Certificate Number:			
Effective From:				
Reason:				
Note that a temporary manager must apply for a man	ager's certificate within	two working	g days of their appointment.	
Acting Manager (see 5 220, Sale and Supply of Alcohol Act)				
Acting Manager (see 3.230, Sale and Supply of Actinol Act)		Date of	Birth:	
Full Legal Name:		Date of	Birth:	
Full Legal Name:  Residential Address:			Birth:	
Full Legal Name:  Residential Address:  Who are they Replacing:	Effective to:			
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:	Effective to:			
Full Legal Name:  Residential Address:  Who are they Replacing:	Effective to:			
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:				
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:			ate number:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint		Certifica	ate number:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint Full Legal Name:  Certificate Number:	Certificate Expiry d	Certifica  Effective	e from:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint Full Legal Name:	Certificate Expiry d	Certifica  Effective	e from:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint Full Legal Name:  Certificate Number:  Forward a copy of this completed form, within two workings The Secretary	Certificate Expiry d  g days of the appointmen  Hamilton Police  Private Bag 3078	Effective ate:	e from:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint Full Legal Name:  Certificate Number:  Forward a copy of this completed form, within two workings The Secretary Waipa District Licensing Committee	Certificate Expiry d	Effective ate:	e from:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint Full Legal Name:  Certificate Number:  Forward a copy of this completed form, within two workings The Secretary  Waipa District Licensing Committee c/o Waipa District Council Private Bag 2402, Te Awamutu, 3840	Certificate Expiry d  g days of the appointment Hamilton Police Private Bag 3078 Waikato Mail Cent Hamilton 3240 Attention: Liquor	Effective ate:  at (or terminate the continuation of the continuat	e from:	
Full Legal Name:  Residential Address:  Who are they Replacing:  Effective from:  Reason:  Termination / Cancellation of Managers Appoint Full Legal Name:  Certificate Number:  Forward a copy of this completed form, within two workings The Secretary Waipa District Licensing Committee c/o Waipa District Council	Certificate Expiry d  g days of the appointmen Hamilton Police Private Bag 3078 Waikato Mail Cent Hamilton 3240	Effective ate:  at (or terminate the continuation of the continuat	e from:	

Position: Director, partner etc

Name: