

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

A licensee is required to give notice within **two working days**, of the appointment, cancellation or termination of any manager, temporary manager or acting manager. If the period of the appointment does not exceed 48 consecutive hours notice is not required.

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 (if held): \_\_\_\_\_

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

**Note that a temporary manager MUST apply for a manager's certificate within two working days of their appointment. If an application is not received they can no longer act as a Temporary Manager.**

**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 (if held): \_\_\_\_\_

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

**Note that an acting manager can be appointed for a period not exceeding 3 weeks at any one time to cover illness or absence and for a period not exceeding a total of 6 weeks in any 12 month period to cover a vacation or annual leave.**

**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 both authorities as below:**

**Nelson City Council**

Alcohol Licensing  
PO Box 645  
Nelson 7010

Fax: (03) 546 0239

Email: regulatory@ncc.govt.nz

**New Zealand Police**

Nelson Central Police Station  
Private Bag 39, Nelson 7042  
Attention: Alcohol Licensing

Fax: (03) 545 8960

Email: NNbays.alcohol@police.govt.nz

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

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