

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 Email: _____

What are you notifying? (Please tick and complete the applicable box below)

☐ **New Certificate Holding Manager**

Full Name: _____ Effective from: ____/____/20____ to ____/____/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____ to ____/____/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

Email: regulatory@ncc.govt.nz

New Zealand Police

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

Email: NNBays.alcohol@police.govt.nz

Signature of licensee: _____ Date: _____

Name: _____ Position (director, partner etc.): _____