

NOTICE OF MANAGEMENT CHANGE
Section 130, Sale of Liquor Act 1989

Name of Licensed Premises: _____

Licensee: _____ Licence Number: _____

Address of Licences 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.123, Sale of Liquor Act) Effective from: _____/_____/20__

Full Name: _____ Date of Birth: _____

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.129, Sale of Liquor Act) Effective from: _____/_____/20__

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who they are replacing: _____ Certificate Number: _____

Reason: _____

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:

The Secretary
Liquor Licensing Authority
Private Bag 32001
Panama Street
WELLINGTON 6146

Fax: (04) 462 6686

The Secretary
Franklin District Licensing Agency
Franklin District Council
Private Bag 5
PUKEKOHE 2340

Fax: (09) 237 1391

New Zealand Police
Private Bag 76920
MANUKAU CITY 2241
Attention: Liquor Licensing

Fax: (09) 261 1313

Signature of licensee: _____ Date: _____

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