

**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 Phone: _____ Email: _____

Please complete all parts of this section

New Certificate-Holding Manager

Full Name: _____ Effective from: _____
 Certificate Number: _____ Certificate Expiry Date: _____

Complete this section if:
 You are appointing a new permanent duty manager who holds a current Manager's Certificate. This includes existing staff that may have recently obtained their duty manager certificate or new employees.

Temporary Manager (see s.229, Sale and Supply of Alcohol Act)

Effective from: _____ to: _____
 Full Name: _____ Date of Birth: _____
 Residential Address: _____
 Who are they replacing: _____ Certificate No: _____
 Reason: _____

Complete this section if:
 You want to make one of your staff a permanent duty manager but they don't currently have a Manager's Certificate.
The staff member must apply for a Manager's Certificate within two working days of this notification.
 If you are appointing a temporary manager because a duty manager is leaving, please also complete a separate form for the person leaving.

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: _____

Complete this section if:
 Your duty manager is going on annual leave or sick leave for more than 48 hours. If a duty manager is sick or on leave for no more than three weeks at any time (maximum period of six weeks per year) you can appoint an Acting Manager as cover, however you can't use an Acting Manager for longer periods.

Cancellation of Manager Appointment

Full Name: _____ Effective from: _____
 Certificate Number: _____ Certificate Expiry Date: _____

Complete this section if:
 A duty manager has stopped working at your premises.

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

The Secretary
 Horowhenua District Licensing Committee
 C/- Horowhenua District Council
 Private Bag 4002
 Levin 5540
 Email: RecordsProcessing@horowhenua.govt.nz

New Zealand Police
 P O Box 242
 Levin 5540
 Attn: Alcohol Harm Prevention Officer
 Email: ahp.horowhenua@police.govt.nz

Remember to keep a copy of all completed forms as part of your record-keeping of Duty Managers (s.232) required by all licensees. You may need to produce it to show it was sent and received.

Signature of Licensee: _____ Date: _____
 Name: _____ Position (director, partner, etc): _____

Please complete all parts of this section