

NOTICE OF MANAGEMENT CHANGE

Section 224 of the Sale and Supply of Alcohol Act 2012

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

The Secretary Dunedin District Licensing Committee

C/o Dunedin City Council PO Box 5045, Dunedin 9054

Fax: (03) 474 3523

Email: dla@dcc.govt.nz

New Zealand Police

Private Bag 1924, Dunedin 9054

Attention: Alcohol Harm Reduction Officer

Fax: (03) 479 9363

Email: dunedin.ahpu@police.govt.nz

Licensee details								
Name of licensed premises:								
Address of licensed premise	es:							
Licensee:								
Phone:								
Email:								
What are you notifying? (Ple	ase tick and co	omplete the a	pplicable inf	ormation belo	ow)			
New certificate holdin	g manager							
Full name:					Effective from:	1	1	
Certificate number:		/CERT/		/20	Expiry date:	/	/	
Temporary manager –	Section 229.	Sale and Sun	only of Alcoh	nol Act 2012				
Temporary manager – Section 229, Sale and Supply of Alcohol Act 2012 A temporary manager must apply for a manager's certificate within two working days of their appointment								
Full name:					Date of birth:	/	/	
Certificate number:		/CERT/		/20	Expiry date:	/	/	
Who are they replacing?								
Full name:					Date of birth:	/	/	
Certificate number:		/CERT/		/20	Expiry date:	1	/	
Reason:								
Acting manager – Section 230, Sale and Supply of Alcohol Act 2012								
Full name:					Date of birth:	/	/	
Certificate number:		/CERT/		/20	Expiry date:	/	/	
Who are they replacing?					, ,			
Full name:					Date of birth:	/	1	
Certificate number:		/CERT/		/20	Expiry date:	/	/	
Effective from: /	/	To:	1	1				
Reason:								



Cancellation or termination of manager appointment Full name: Date of birth: / / Certificate number: /CERT/ Name: Date: Position (licensee, partner etc.):