

NOTICE OF MANAGEMENT CHANGE

Ferry and a server of this serve plated forms, within two working days of th

Section 224 of the Sale and Supply of Alcohol Act 2012

The Secretary Dunedin C/o Dunedin City Coun PO Box 5045, Dunedin Fax: (03) 474 3523	n Distr Icil			ing days of	New Zealand Police Private Bag 1924, Dunedin 9054 Attention: Alcohol Harm Reduction Officer Fax: (03) 479 9363				
Email: dla@dcc.govt.n	z				Email: dunedin.ahpu@police.govt.nz				
Licensee details									
Name of licensed prer	nises:								
Address of licensed p	emise	25:							
Licensee:									
Phone:									
Email:									
What are you notifying	J? (Plea	ase tick and	complete the ap	plicable inf	ormation b	pelow)			
New certificate h	olding	g manager							
Full name:						Effective from:	/	/	
Certificate number:			/CERT/		/20	Expiry date:	/	/	
Temporary mana	ger –	Section 229), Sale and Supp	oly of Alcol	hol Act 201	12			
A temporary manager	must	apply for a r	manager's certif	icate withir	ı two worki	ng days of their appointment			
Full name:						Date of birth:	/	/	
Certificate number:			/CERT/		/20	Expiry date:	/	/	
Who are they replaci	ng?								
Full name:						Date of birth:	/	/	
Certificate number:			/CERT/		/20	Expiry date:	/	/	
Reason:									
Acting manager	- Sect	ion 230, Sa	le and Supply o	f Alcohol A	lct 2012				
Full name:						Date of birth:	/	/	
Certificate number:			/CERT/		/20	Expiry date:	/	/	
Who are they replace	ng?								
Full name:						Date of birth:	/	/	
Certificate number:			/CERT/		/20	Expiry date:	/	/	
Effective from:	/	/	To:	/	/				
Reason:									



Cancellation or termination of manager appointment

Full name:			Date of birth:	/	/
Certificate number:	/CERT/	/20	Expiry date:	/	/

Signature:

Name:

Date:

Position (licensee, partner etc.):