



Notice of Appointment of Manager

Section 231, Sale and Supply of Alcohol Act 2012

Name of licensed premises

Licensee Licence number

Address of licensed premises

Daytime contact details
 () () ()
Phone Mobile Fax

Email address

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

New Certified Manager

Full legal name Effective from / /

Certificate number Certificate expiry date / /

Temporary Manager (see s.229 Sale and Supply Alcohol Act 2012)

Effective from / / to / /

Full legal name
First name Middle name/s Surname

Maiden name Date of birth / / Male Female

Residential address

Who they are replacing Certificate number

Reason

Note: a temporary manager must apply for a manager's certificate within two working days of their appointment.

Acting Manager (see s.230 Sale and Supply Alcohol Act 2012)

Effective from / / to / /

Full legal name
First name Middle name/s Surname

Maiden name Date of birth / / Male Female

Residential address

Who they are replacing Certificate number

Reason

Termination/Cancellation of Manager Appointment

Full legal name Effective from / /

Certificate number Certificate expiry date / /

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

The Secretary, District Licensing Committee, New Plymouth District Council, Private Bag 2025, New Plymouth 4342

Email: DLC@npdc.govt.nz.

and:

New Zealand Police, Powderham Street, New Plymouth 4342. Attention: Liquor Licensing. Fax: 06-759 1600

Name of licensee (print clearly) Position (director, partner etc.)

/ /
 Signature of licensee Date

OFFICE USE ONLY

Date received	<input type="text"/>	Applicant ID	<input type="text"/>	Receipt #	<input type="text"/>
Received by	<input type="text"/>	File Ref	RG-06-10-01	Amount Paid	\$ <input type="text"/>
Property ID	<input type="text"/>	Document #	<input type="text"/>		