

# NOTICE OF MANAGEMENT CHANGE

Section 231 Sale and Supply of Alcohol Act 2012



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Name of licensed premises			
Address of premises			
Licensee	Licence number		
Contact phone			
Email address			

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

**NEW CERTIFICATE HOLDING MANAGER**

Full name					
Certificate number					
Effective from	/	/20	to	/	/20

**TEMPORARY MANAGER** (see s229 Sale and Supply of Alcohol Act 2012)

Full name					
Date of birth					
Residential address					
Effective from	/	/20	to	/	/20
Who are they replacing?	Certificate number				
Reason					

**ACTING MANAGER** (see s230 Sale and Supply of Alcohol Act 2012)

Full name					
Date of birth					
Residential address					
Effective from	/	/20	to	/	/20
Who are they replacing?	Certificate number				
Reason					

**TERMINATION/CANCELLATION OF MANAGER APPOINTMENT**

Full name					
Certificate number					
Effective from	/	/20	Certificate expiry date		

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

**The Secretary**  
Lower Hutt District Licensing Committee  
c/- Hutt City Council  
Private Bag 31912  
LOWER HUTT 5040  
E: [sol@huttcity.govt.nz](mailto:sol@huttcity.govt.nz)

**Wellington Police Central**  
PO Box 693  
WELLINGTON  
E: [AHPO.wellington@police.govt.nz](mailto:AHPO.wellington@police.govt.nz)

Signature of licensee			Date		
Name			Position (director, partner etc)		