NOTICE OF APPOINTMENT / TERMINATION OF MANAGER

Section 231 Sale and Supply of Alcohol Act 2012



NOTE: Managers must be	at least 20 years of a	age to manage a lice	nsea premises.	
Name of licensed premises				
Address of premises				
Contact phone number			Licence number	
Licensee (licence holder)				
Email address				
What are you notifying? (I	□ Please tick and comp	olete the applicable b	ox below)	
_	-		opy of current managers certificate	(and work visa if applicable)
Full name		PETT picase provide a oc	ppy or current managers continuate	(and work visa ii applicable)
Certificate number				
Effective from	1	/20	Date of birth	
Residential address	1	120	Date of Biltin	
rtesiderillar address				
LI TEMPORARY MAN Full name	AGER (see s229 Sale	and Supply of Alcohol Ad	ct 2012)	
Date of birth				
Residential address				
Effective from	1	/20	to /	/20
Who are they replacing?			Certificate number and expiry date	
Reason (why are they replacing that person?)				
☐ ACTING MANAGER	(see s230 Sale and Su	pply of Alcohol Act 2012,)	
Full name				
Date of birth				
Residential address				
Effective from	1	/20	to /	/20
Who are they replacing?	,	720	Certificate number	120
, 1 3			and expiry date	
Reason (why are they replacing that person?)				
	NCELLATION OF M	ANAGER APPOINT	TMENT	
Full name		7.117.10-21.711.7-011.1		
Certificate number			Expiry date	
Effective from	1	/20	Date of birth	
Residential address	1	720	Bate of Shari	
residential address				
Compand a compand this com	mulated form within t	uvo vvoukina dovo of	the engintment (or terminati	ion) to:
Forward a copy of this cor The Secretary, Lower Hutt [-		the appointment (or terminati	ion) to:
c/- Hutt City Council, Private	e Bag 31912, Lower H	utt 5040, E: <u>sol@hutt</u>	city.govt.nz and	
Wellington Police Central, P	O Box 693, Wellingtor	n, E: <u>AHPO.wellingto</u>	n@police.govt.nz	
Signature of licensee			Date	
Namo		Docition	(director partner etc)	
Name		FUSILION	(director, partner etc)	