



Notice of Management Change
Section 130, Sale of Liquor Act 1989

Name of Licensed Premises: _____

Licensee: _____ Licence Number: _____

Address of Licensed Premises: _____

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

New Certificate Holding Manager

Full Name: _____ Effective from Date: _____

Certificate Number: _____ Certificate Expiry Date: _____

Temporary Manager

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who they are replacing: _____ Certificate Number: _____

Reason: _____

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

Acting Manager (*sec s.129, Sale of Liquor Act*)

Effective from: _____ to _____

Full Name: _____ Date of Birth: _____

Residential Address: _____

Who they are replacing: _____ Certificate Number: _____

Reason: _____

Termination / Cancellation of Manager Appointment

Full Name: _____ Effective From: _____ to _____

Residential Address: _____

Certificate Number: _____ Certificate Expiry Date: _____

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

The Secretary
Liquor Licensing Authority
Private Bag 32001
Panama Street
Wellington 6146

The Secretary
South Wairarapa District Licensing Agency
South Wairarapa District Council
P O Box 6
Martinborough 5741

New Zealand Police
P O Box 69
Featherston 5740
Attn: Liquor Licensing

Signature of licensee: _____ Date: _____

Print Name: _____ Position: (director, partner etc) _____