## **Rangitikei District Council**

Postal Address: Private Bag 1102, Marton, 4741 Street Address: 46 High Street, Marton, 4710

Phone: 06 327 0099 Freephone: 0800 422 522 Fax: 06 327 6970 Email: info@rangitikei.govt.nz Website: www.rangitikei.govt.nz



## NOTICE OF MANAGEMENT CHANGE (Section 231, Sale and Supply of Alcohol Act 2012)

The following organisations must be notified, within two working days of the appointment (or termination) to:

| The Secretary            | Liquor Licensing Sgt       | Liquor Licensing Sgt                             | Liquor Licensing Sgt          |  |
|--------------------------|----------------------------|--|-------------------------------|--|
| District Licensing Cmtee | Marton Police Station      | Taihape Police Station                           | Bulls Police Station          |  |
| Private Bag 1102         | PO Box 43                  | PO Box 332                                       | PO Box 16                     |  |
| Marton 4741              | Marton 4710                | Taihape 4720                                     | Bulls 4818                    |  |
| Fax 06 327 6970 <b></b>  | Please fax a copy of t     | Fax 06 388 2171 Lhis form to your nearest Police | Fax 06 322 2021               |  |
| Data                     |                            | ms joint to your nearest i oned                  | e station.                    |  |
|                          |                            |  |                               |  |
| Name of Licensed Premis  | ses                        |  |                               |  |
| Licensee                 |                            | Licence Number                                   |                               |  |
| Contact Phone            |                            | Contact Fax                                      |                               |  |
| What are you notifying   | g? (Please tick and comple | te the applicable box below                      | <b>'</b> )                    |  |
| New Certificat           | e Holding Manager          |  |                               |  |
| Full Name                |                            | Effective From (date)                            |                               |  |
| Certificate Number       |                            | Certificate Expiry Date                          |                               |  |
| Temporary I              | Manager (see Section 220   | Sale and Supply of Alcohol                       | Act 2012)                     |  |
|                          |                            |  | ·                             |  |
|                          |                            |  | date)                         |  |
|                          |                            |  |                               |  |
|                          |                            |  |                               |  |
|                          |                            |  |                               |  |
|                          |                            |  |                               |  |
|                          |                            | pply for a manager's certif                      | icate within two working days |  |
| of their appointment     | •                          |  |                               |  |
| ☐ Acting Mana            | ger (see Section 230, Sale | and Supply of Alcohol Act 2                      | 2012)                         |  |
| Full Name                |                            | Effective From (date)                            |                               |  |
| Date of Birth            |                            |  |                               |  |
|                          |                            |  |                               |  |
| Who are they replacing   |                            |  |                               |  |
| Reason                   |                            |  |                               |  |
|                          |                            |  |                               |  |
| ☐ Termination/           | Cancellation of Manager    | Appointment                                      |                               |  |
| Full Name                |                            | Effective From (date)                            |                               |  |
| Certificate Number       |                            | Certificate Expiry Date                          |                               |  |
| Signed                   |                            | Date   |                               |  |
|                          |                            |  |                               |  |
| Name                     |                            | Position (director, partner etc)                 |                               |  |