



**Kaikoura District Council**  
**Ko te kaunihera ā rohe o Kaikōura**  
**Sale and Supply of Alcohol Act 2012**

**NOTICE OF MANAGEMENT CHANGE**  
***Section 231, Sale and Supply of Alcohol Act 2012***

Name of Licensed Premises: \_\_\_\_\_  
Licensee: \_\_\_\_\_ Licence Number: \_\_\_\_\_  
Address of Licensed Premises: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

**New Certificate Holding Manager**  
Full Name: \_\_\_\_\_ Effective From: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Certificate Expiry date: \_\_\_\_\_

**Temporary Manager** (see s.229, Sale and Supply of Alcohol Act 2012)  
Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Who are they 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** (see s.230, Sale and Supply of Alcohol Act 2012)  
Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Who are they replacing: \_\_\_\_\_ Certificate number: \_\_\_\_\_  
Reason: \_\_\_\_\_

**Termination / Cancellation of Manager Appointment**  
Full 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  
Kaikoura District Licensing Committee  
PO Box 6  
KAIKOURA 7340  
Email: [office@foodandhealth.co.nz](mailto:office@foodandhealth.co.nz)

& Kaikoura Police  
PO Box 42  
KAIKOURA  
7340  
Email: [matthew.boyce@police.govt.nz](mailto:matthew.boyce@police.govt.nz)

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position (director, partner etc.): \_\_\_\_\_