



# WAIROA DISTRICT COUNCIL

## REGULATORY DEPARTMENT

☎ +64 6 838 7309  
☎ +64 6 838 8874  
✉ consents@wairoadc.govt.nz

🌐 www.wairoadc.govt.nz  
📮 PO Box 54, Wairoa 4160, Hawke's Bay  
🏠 Coronation Square, Queen Street, Wairoa

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

#### Section One | Licensed Premises

Name premises: \_\_\_\_\_

Address of premises: \_\_\_\_\_

#### Section Two | Licensee

Name of licensee: \_\_\_\_\_

Licence number: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

#### Section Three | What are you notifying? (Please tick the applicable box and complete according section below)

**New Certificate Holding Manager**

Full Name: \_\_\_\_\_ Effective from: *(Date)* \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiry Date: *(Certificate)* \_\_\_\_\_

**Temporary Manager** (see Section 229, Sale & Supply of Alcohol Act)

Effective from *(date)* - to *(date)* \_\_\_\_\_

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** (see Section 230, Sale & Supply of Alcohol Act)

Effective from *(date)* - to *(date)* \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Who they are replacing: \_\_\_\_\_ Certificate number: \_\_\_\_\_

Reason: \_\_\_\_\_

**Termination/Cancellation of Manager Appointment**

Effective from *(date)* - to *(date)* \_\_\_\_\_

Full Name: \_\_\_\_\_

Certificate number: \_\_\_\_\_ Expiry Date: *(Certificate)* \_\_\_\_\_

**Section Four | Forward a Copy of Completed Form** *(Forward within 2 working days of the appointment (or termination) to:*

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**The Secretary**

Wairoa District Licensing Committee  
Wairoa District Council  
P.O. Box 54  
Wairoa 4160  
Email: consents@wairoadc.govt.nz Phone:  
(06) 838 7309

**Police**

Alcohol Harm and Reduction Officer  
Gisborne Police  
P.O. Box 546  
Gisborne  
Email: Alcohol.Gisborne@police.govt.nz

**Section Five | Signature**

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Name: \_\_\_\_\_ Position: *(Director, Partner,...)* \_\_\_\_\_

Date: \_\_\_\_\_ Licensee signature: \_\_\_\_\_