



Name of Licensed Premises: _____

Licensee: _____ Licence number: _____

Address of Licensed Premises: _____

Telephone number: _____ Fax number: _____

What are you notifying?

New Certificate Holding Manager Effective from _____

Full name: _____

Certificate number: _____

Certificate expiry date: _____

Temporary Manager (s.128, Sale of Liquor Act) Effective from: _____

Full name: _____

Residential address: _____

Date of birth: _____

Who are they replacing: _____ Their certificate number: _____

Reason: _____

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

Acting Manager (s.129, Sale of Liquor Act) Effective from: _____

Full name: _____

Residential address: _____

Date of birth: _____

Who are they replacing: _____ Their certificate number: _____

Reason: _____

Termination/Cancellation of Manager Appointment Effective from: _____

Full name: _____

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
Wellington 6146
Fax: (04) 462 6686

The Secretary
Gisborne District Licensing Agency
C/- Gisborne District Council
PO Box 747
Gisborne 4040
Fax: (06) 867 8076

New Zealand Police
PO Box 546
Gisborne 4040
Attention: Alcohol Harm Reduction Officer
Fax: (06) 868 0807

Signature of licensee: _____ Date: _____

Name: _____

Position (director, partner etc): _____