

Notice of duty manager appointment or change

Section 231, Sale and Supply of Alcohol Act 2012

Refer also s229, s230 and Part 4 of SSA Regulations 2013

Office use only

Received by District Licensing Committee:

Time:

Date:

* Mandatory fields

Note: This form can be completed online at <https://ccc.govt.nz/notification-of-management-change/>

Full trading name:*

Address of premises:*

Signature of licensee:

Date:*

Licensee name (please print):*

Position (Director, Partner, Licensee or their representative completing this form):*

Phone:*

Email:*

What are you notifying? Please tick and **COMPLETE ONE** of the applicable boxes below. ☒

Note: It is not necessary to notify the DLC or Police in respect of the appointment of an acting manager for any period not exceeding 48 consecutive hours.

A New permanent manager (hold a current General Managers Certificate)

Effective from:*/ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Certificate no:*

Certificate expiry date:*

B Temporary manager (until a General Manager's Certificate is issued)

Effective from:*/ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Residential address:*

Name of who they are replacing:*

Their certificate no:

Reason for appointment:

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

C Acting manager (used to cover absences)

Effective from:*/ /20 to */ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Residential address:*

Name of who they are replacing:*

Their certificate no:

Reason for replacement:*

D Termination/Cancellation of existing manager appointment

Effective from:*/ /20

First name:*

Middle name:*

Family name:*

Known as:*

Date of birth:*

Gender:

Certificate no:*

Certificate expiry date:*

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

- The Secretary**, District Licensing, PO Box 73013, CHRISTCHURCH 8154
Email: managerchange@ccc.govt.nz
- The Licensing Sergeant**, NZ Police District, PO Box 2109, CHRISTCHURCH
Email: alcoholcanterbury@police.govt.nz

Please keep a copy of this form as part of your Premises Record (s232) of Duty Managers required to be kept by all licensees, as you may need to produce it to show it was sent and received.

Please use this flowchart to help you work out what section of the form you need to fill out. This guide will help you to fill out the correct fields in your section.

- The section at the top always needs to be filled out in full.
- A. Are you appointing a new permanent duty manager (who holds a current General Manager certificate)?** This includes existing staff that may have got their duty manager certificate or new starters to the premises.
Yes – Fill out Section A.
**Please ensure full name and DOB is filled in correctly. This allows us to properly identify the person in case of two people with the same name.*
- B. Do you want to make one of your staff a permanent duty manager but they don't currently have a manager's certificate?**
Yes – Fill out Section B.
**Please ensure full name and DOB is filled in correctly. This allows us to properly identify the person in case of two people with the same name.*
*** If completing the Temporary Manager section for someone replacing a duty manager who is leaving, please also complete Section D for the person leaving.*
- C. Is your duty manager going on annual or sick leave for more than 48 hours?**
Yes – You may need to fill out Section C. Read on to see if it applies to your situation
** If a duty manager is sick or on leave for no more than three weeks at any time (with a maximum accumulated period of six weeks within a year) you can appoint an Acting Manager as cover, however you cannot use an Acting Manager for longer periods..*
*** They do not need a manager's certificate.*
**** Please ensure full name and DOB is filled in correctly – this allows us to properly identify the person in case of two people with the same name.*
- D. Has a duty manager stopped working at your premises?**
Yes – Fill out Section D.
**Please include the date they stopped working as a duty manager for your premises.*

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Christchurch City Council

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