R	Te Kaunihera-ā-Rohe o Ngāmot New Plymouth District Counci	1	0	of Appointment f Manager le and Supply of Alcohol Act 2012
٩	Name of licensed premise			
L	icence Holder			
L	icence number			
A	Address of licensed premise			
C	Contact details			
E	Email	Nork Ho	ne	Mobile
What are you notifying?				
	New Certified Manager			
F	Full legal name			fective
C	Certificate number			kpiry ate
	Temporary Manager	Effective from	to	
F	(see s.229 Sale and Supply Alcohol Act 2 Full legal name	2012)		Mala Estado
	Maiden name		Di	Male Female
F	Residential address		bi	rth
v	Who they are replacing		Ce	ertificate
	Reason			mber
		ust apply for a manager's certifi		
ľ				
	Acting Manager (see s.230 Sale and Supply Alcohol Act 2	Effective from	to	
	Full legal name			Male Female
	<sup>-</sup> ull legal name Maiden name			Male Female ate of
Ν				ate of
N F	Maiden name		bi	ate of
N F V	Maiden name Residential address		bi	ate of
N F V	Maiden name Residential address Who they are replacing Reason		bi	ate of
N F V F	Maiden name Residential address Who they are replacing Reason	n of Manager Appointment	bi	ate of
N F V F	Maiden name Residential address Who they are replacing Reason <b>Termination/Cancellatio</b>		Left	ate of
N F V F C C T E	Maiden name Residential address Who they are replacing Reason <b>Termination/Cancellatio</b> Full legal name Certificate number Forward a copy of this com Forward a copy of this com Finail: DLC@npdc.govt.nz		bi	ate of
N F V F C C F T E E S S	Maiden name Residential address Who they are replacing Reason <b>Termination/Cancellatio</b> Full legal name Certificate number <b>Forward a copy of this com</b> The Secretary, District Licensi Email: DLC@npdc.govt.nz	n of Manager Appointment oleted form within two working	bi	ate of
M F V F C T E E S S OFFICE U	Maiden name Residential address Who they are replacing Reason Termination/Cancellatio Full legal name Certificate number Forward a copy of this comp The Secretary, District Licensi Email: DLC@npdc.govt.nz Name of licensee Signature of licensee Signature of licensee	n of Manager Appointment	bi	ate of
N F V F C C F T E E S S	Maiden name Residential address Who they are replacing Reason Termination/Cancellatio Full legal name Certificate number Forward a copy of this comp The Secretary, District Licensi Email: DLC@npdc.govt.nz Wame of licensee Bignature of licensee ISE ONLY	n of Manager Appointment oleted form within two working	bi	ate of

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