



## Cease appointed manager – notice

### Information

1. This form is for a corporate licensee or an appointed manager to notify the Authority when the appointed manager of a liquor licence ceases that role and a replacement appointed manager has not yet been identified.
2. A replacement manager must be appointed within 28 days or, in the case of a registered club with separate premises, within two months.
3. **No payment is required.**
4. Complete all applicable questions. If information is missing, we can ask you to supply the required information and/or documents. Failure to supply information can delay the effect of this notice.
5. For more information, visit [www.ilga.nsw.gov.au](http://www.ilga.nsw.gov.au) or [www.olgr.nsw.gov.au](http://www.olgr.nsw.gov.au)
6. For assistance, call (02) 9995 0894 or email [info@olgr.nsw.gov.au](mailto:info@olgr.nsw.gov.au)
7. Lodge this notification by one of the following methods:

#### Post

Office of Liquor  
Gaming & Racing  
GPO Box 7060  
Sydney NSW 2001

#### Deliver to

Office of Liquor  
Gaming & Racing  
Level 6, 323 Castlereagh St  
Haymarket NSW 2000

#### Email

[liquorapplications@olgr.nsw.gov.au](mailto:liquorapplications@olgr.nsw.gov.au)

#### OFFICEUSE ONLY

AM0210

By (circle): mail | OTC | fax | email

Date lodged \_\_\_\_\_

Request number \_\_\_\_\_

Finalised by \_\_\_\_\_

Date finalised \_\_\_\_\_

### PART 1 About the liquor licence

Tell us the:

Liquor licence number LIQ \_\_\_\_\_

Licence name \_\_\_\_\_

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

ABN \_\_\_\_\_ ACN \_\_\_\_\_

Phone (daytime) \_\_\_\_\_

### PART 2 Cessation of appointed manager

Tell us the approved manager approval number \_\_\_\_\_ LIQXA91 \_\_\_\_\_ or 09 \_\_\_\_\_

Manager name \_\_\_\_\_

### PART 3 Contact person for the corporate licensee for this licence

The corporate licensee must have a contact person when an appointed manager ceases.

Title	Gender	
First name	Middle name	
Surname	Date of birth (dd mm yyyy)	
Place of birth e.g. Camperdown	Phone (home)	
Phone (mobile)	Phone (daytime)	
Fax	Driver's licence	State
Email address		

#### Residential address (always a 'physical' street address)

Street no.	Street name	
Town/city	State	Postcode
Country (if not Australia)		

**Postal address** (if different from residential address) a PO Box if one exists; otherwise a 'physical' street address. We will use this mailing address when we contact this person about the licence.

PO Box or street no.	Street name	
Street no.		
Town/city	State	Postcode
Country (if not Australia)		

### PART 4 About the appointment

When will the appointment cease? (dd mm yyyy) (must not be backdated)

**PART 5 Declaration**

- I declare that I am 18 years or older and I am authorised to lodge this notice.
- I declare that the contents of this notice including attachments are true, correct and complete and that I have made all reasonable inquiries to obtain the information required to complete the notice.
- I undertake to immediately notify the Authority of any change to the information in this notice.
- I acknowledge that under section 36 of the *Gaming and Liquor Administration Act 2007* and section 307A of the *Crimes Act 1900* it is an offence to provide false, misleading or incomplete information in this notice.
- I acknowledge that failure to provide all required information may result in delay of effect of this notice.
- I understand that specific details I have supplied in this notice may be 'personal information' under the *Privacy and Personal Information Protection Act 1998*. Personal information is any information or opinion that identifies an individual, or enables someone to identify an individual.
- I acknowledge that the Independent Liquor & Gaming Authority is collecting information to enable processing of the notice. I also understand that the Authority will use the information for its intended purpose only, store the information securely, and allow the applicant or licensee to access and update the information. When processing this notice, the Authority may need to disclose information to other Government agencies.

If the applicant is an individual (ie. a person), complete Part 5A only. If the applicant is an organisation (e.g. a company), complete Part 5B only.

**PART 5A Applicant (if an individual)**

<b>Name</b>	<b>Position</b>
<b>Signature</b>	<b>Date</b>

**PART 5B Applicant (if an organisation)**

This panel must be signed in accordance with the requirements in section 127 of the *Corporations Act 2001*.

<b>Name 1</b>	<b>Position</b> (e.g. director)
<b>Signature 1</b>	<b>Date</b>
<b>Name 2</b>	<b>Position</b> (e.g. director, company secretary)
<b>Signature 2</b>	<b>Date</b>

If the application is lodged by a legal or other representative, tell us:

Name of representative \_\_\_\_\_

Representative's business name \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Fax \_\_\_\_\_

Address for correspondence \_\_\_\_\_

Email address \_\_\_\_\_

**Reminder**

- Before sending your application to us, check:
1. You have answered all questions in Parts 1 to 4
  2. You have read and signed Part 5.