

APPLICATION FOR REGISTRATION OF PREMISES

Health (Registration of Premises) Regulations 1966

PLEASE READ THIS FIRST

This form will be scanned by electronic equipment. It is important that you:

- use blue or black pen to complete this form; and
 - print clearly

1. DETAILS OF APPLICATION

What type of application is this:

- □ New Registration
- □ Transfer of Ownership
- □ Update Information

2. APPLCIANT DETAILS

Applicant/Company Name:
Applicant/Company Address:
Postal Address (if different from above):
Contact Phone Number:
Email Address:
Company Name:

3. PREMISES DETAILS

Is your Business							
□ Hairdresser	□ Camping Grounds	Funeral Director	\Box Offensive Trade (refer section 5)				
Trading Name:							
Preferred Mailing Address:							
Contact Name:							
Email Address:				<u> </u>			
Business Phone	:			<u> </u>			
l give permissio registered prem	•	nail address and mobile pl	none number to send me electronic communications regarding r	ту			



4. BUSINESS DETAILS

Trading Hours:							
When do you intend to start tra	iding?						
□ A plan showing the layout of the premises is attached.							
5. DESCRIPTION OF BUSINESS ACTIVITIES (OFFENSIVE TRADE ONLY)							
□ Septic Tank Cleaning	🗌 Grease Traps	Fell Mongering	Tanning				
\Box Other (please specify):							
Vehicle Registration Numbers:							
Details of Trade Waste Permit	-						
Date Issued:		Expiry Date:					
6. CHANGE OF OWNER	SHIP						
The registration of an existing p the change of ownership and th			d that this application	n is completed within 14 days of			
7. DECLARATION							

I confirm that the information supplied in this form is correct at the time of completion.			
Signature of Applicant:	Date:	/	_/
Print Name:			

Privacy Information

The information you provided in this application (including personal information) is official information, this application and any ongoing communication between you and Council will be held at Council's offices and may be accessed upon request by a third party. Access to information held by Council is administered in accordance with the Local Government Official Information and Meetings Act 1987 and the Privacy Act 1993. Your information may be disclosed in accordance with the terms of these Acts. If you have any concerns about this, please discuss with a Council officer prior to lodging your application for reconsideration.

Private Bag 10-001, Feilding 4743 рноле 06 323 0000 гах 06 323 0822 еман health@mdc.govt.nz website www.mdc.govt.nz