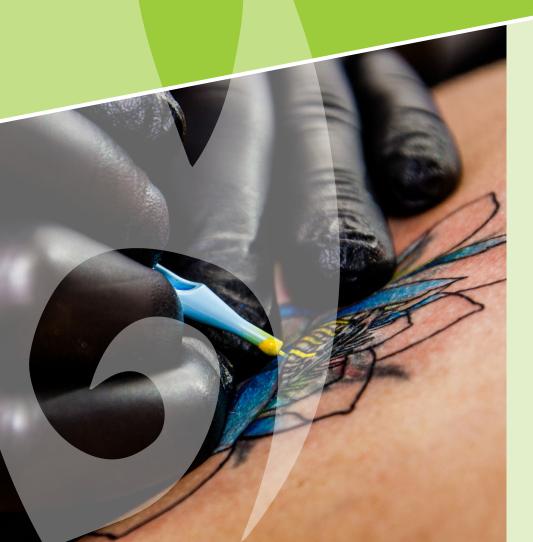


Reihana hauora

Health Licensing

Health Act 1956 Health (Registration of Premises) Regulations 1966



Ngā paearu Criteria

 Prospective owners of new businesses are encouraged to prepare a plan of their proposed venture and discuss it with one of our environment health officers before starting work. This could save time and money further on in the construction process.

This application is fo	or:			
New Registration	Transfer of registra	tion (change of ownershi	p)	
Kaitono Mōhio Whai Owner/Applicant De				
Full name of applicant/company				
Address of applicant				
			Postcode	
Date of Birth				
Contact Work	Mobile .		Home	
Email				
Preferred means for formal corre	spondence Mail	Email		
Registration Details				
Type of Registration Applied For	Hairdresser	Tattooist	Beauty Therapist/Beautician	
	Camping ground	Body Piercer	Funeral Director	
	Offensive Trade	Hawker		
	Other			
Trading name of premises				
New trading name(if transferring)				
			Postcode	
Postal address				
(if different to above) Contact Person		Position held		
Susiness phone Start date of operation				
Trading hours				
Utilities Information	(Hairdresser, Funera	al Director and Offe	ensive Trades only)	
Is there a back flow preventer ins	talled on your water connect	ion? Yes		
		No		
		Do not know		

Tā te Tari Anake Office Use Only

Contact Centre check list		Officer check list	
Complete	Yes No	Licence number	
Fee Paid	Yes No	ЕНО	
Receipt number		BC/CCC	
Date paid		RMA	
Fee amount	\$		