Te Kaunihera ō Taranaki ki Te Tonga
South Taranaki District Council

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.

Office Use Only

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This application is for:

☐ New Registration ☐ Change of ownership

Kaitono Mōhio Whaiaro
Owner/Applicant Details

Full name of applicant/company .....

Address of applicant .....

..... Postcode.....

Date of Birth .....

Contact Work ..... Mobile .....Home .....

Email .....

Preferred means for formal correspondence ☐ Mail ☐ Email

Registration Details

Type of Registration Applied For ☐ Tattooist ☐ Camping ground ☐ Beauty Therapist/Beautician

☐ Offensive Trade ☐ Body Piercer ☐ Funeral Director

☐ Other .....

Trading name of premises .....

New trading name (if change of ownership) .....

Address of premises or location .....

..... Postcode.....

Postal address (if different to above) .....

Contact Person ..... Position held .....

Business phone .....Start date of operation .....

Trading hours .....

Utilities Information (Funeral Director and Offensive Trades only)

Is there a back flow preventer installed on your water connection? ☐ Yes

☐ No

☐ Do not know

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Declaration

Signature of owner/occupier ..... Date .....

I hereby state that the information provided on this form is true and correct.
By signing this form I understand my obligations as an owner/occupier for health premises registration.

Tā te Tari Anake
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Contact Centre check list		Officer check list	
Complete	☐ Yes ☐ No	Licence number	
Fee Paid	☐ Yes ☐ No	EHO	
Receipt number		BC/CCC	
Date paid		RMA	
Fee amount	$		