Te Kaunihera ō Taranaki ki Te Tonga
South Taranaki District Council

Puka Whakahou Raihana Hauora
Health Licensing Update Form

Current registration number

Details to be updated

Full name of applicant/company .....

Address of applicant .....

..... Postcode.....

Date of Birth .....

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

Email .....

Trading name of premises .....

Address of premises or location .....

..... Postcode.....

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

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

Business phone .....

Trading hours .....

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.