

Application Form

Registration of Health Premises

South Taranaki District Council
 Private Bag 902, Hawera, 4640
 Phone: 0800 111 323
 Fax: 06 278 8757
 Email: regservices@stdc.govt.nz



THIS APPLICATION IS FOR:

- New registration Transfer of registration (change of ownership)

1.) APPLICANT DETAILS

Full name of applicant/company:			
Address of applicant:			
Home phone:		Mobile phone:	
Email:			

2.) PREMISES DETAILS

Trading name of premises:			
New Trading Name (if transferring):			
Address of premises/location:			
Postal address (if different from above)			
Contact person:		Position held:	
Business phone:			
Start date of operation:			
Trading hours:			

3.) TYPE OF REGISTRATION APPLIED FOR (please circle)

Hairdresser	Tattooist	Beauty Therapist/Beautician
Body Piercer	Funeral Director	Offensive Trades
Camping Ground	Mobile Shop	Hawker
Other (please specify)		

4.) UTILITIES INFORMATION (Hairdresser, Funeral Director and Offensive Trades only) please circle

Is there a back flow preventer installed on your water connection?	YES / NO/ DON'T KNOW
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5.) OPERATIONAL INFORMATION (Mobile shop and Hawker only)

Do you operate throughout the year?										YES / NO	
If you are a seasonal operator, circle the months you operate.											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

6.) VEHICLE INFORMATION (Offensive Trades, Mobile shop and Hawkers only)

Vehicle registration number/s:

7.) 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.

FOR OFFICE USE ONLY

Contact Centre check list:		Environmental Services check list:	
Complete:	YES / NO	Licence no:	
Fee Paid:	YES / NO	Grading level:	
Receipt no:		EHO:	
Date paid:		BC/CCC:	
Fee amount:		RMA:	