

Puka Tono Para ā-Mahi

Trade Waste Application Form

New Application

Renewal

When filling in this form, please write clearly using **CAPITAL LETTERS**.

If there is insufficient room on any part of this form, please continue on a separate sheet and attach it to this form, numbering ALL pages.

Important Notice

South Taranaki District Council is here to help you fill in this application. If you are unsure about any part of this application, please contact our Customer Services team– Phone No: **+64 6 278 0555 | 0800 111 323** or email: tradewaste@STDC.govt.nz.

Applicants will be notified if their application has been accepted or declined for processing after 14 working days of receipt of the application. We will notify customers on their respective business **email address**.

Incomplete or illegal application forms will not be processed.

Application Checklist

Please ensure that your application is complete by using our checklist below:

Health licence

Existing or proposed pre-treatment (eg: Grease Trap plan and capacity – can be free hand drawing)

For industrial customers – existing or proposed pre-treatment plan and capacity

Receipt of the last bail out or empty (if any)

For Council’s Office Use Only

Customer Service Checklist		Trade Waste Officer Checklist	
Date Received		Application Number	
Fee Paid	Yes No	Application Complete	Yes No
Receipt Number		Approval Status	Granted Declined
Date paid		Reason:	
Fee Amount(\$)		Type of Consent Granted:	
“Pneumonic “GL:		Duration of the Consent Granted:	
		Signed :	

Section A - Business Details

Name of the Business Owner(s):

Trading Name (*Business Name*):

Business Owner Postal Address:

Mobile Number:

Email:

Physical Address Of the Business:

Previous Trade Waste Consent Number (*if any*):

Type of Business (*restaurant, manufacturer, food processors, mechanical garage, dental care, medical clinics etc*):

Section B - Property Details

Name of the Property Owner(s):

Council's Building Number (*if known*):

Postal Address of Property Owner:

Property Owner(s) Mobile Number:

Email:

Section C - Contact Person Details for Council's Inspection and Enquiries

Lead Contact Name:

Business Landline:

Mobile Number:

Email:

Position in Business:

Alternative Contact Name:

Business Landline:

Mobile Number :

Email:

Position in Business:

Section D - Attach/Draw the Pre-treatment Plan or Design

Section E - Declaration

- a) I agree to abide by the South Taranaki District Council’s Trade Waste By-laws, all the regulations and procedures hereafter, lawfully prescribed by the Chief Executive of the South Taranaki District Council and to pay all such fees, rates and charges to which I will be legally liable.
- b) I confirm that the information given above is true and correct and hereby irrevocably authorise the South Taranaki District Council to obtain information from and source in support of my/our application.
- c) I hereby confirm that I am the owner of the Business/Property mentioned and hereby give permission to the authority to carry out inspection/sampling on the premises as required under the Trade Waste Bylaw.

Business or Property Owner’s Name : _____

Business or Property Owner’s Signature: _____ **Date:** _____