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| Application form for | H:\HDC 2018 logo\png HDC logo\HDC logo colour portrait 24mm wide 15mm high.png |
| Registration of Premises |

*In accordance with the provisions of the Health Act 1956 and the Health (Registration of Premises) Regulations 1966, I hereby make application for the registration of the under mentioned premises:*

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| **1. Applicant Details** | | | |
| **Name of applicant:** |  | | |
| **Phone:** (daytime) |  | | |
| **Email:** |  | | |
| **Postal address:** |  | | |
| **Premises known as:** |  | | |
| **Owner of premises:** |  | | |
| **Signature:** |  | Date: |  |

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| **2. Registration of Premises** | | |
| **Type of premises** (please select one) | | **Fees** including GST |
| ⭘ | Stock Saleyards | $250.00 |
| ⭘ | Camping Ground | $180.00 |
| ⭘ | Offensive Trade | $250.00 |
| ⭘ | Funeral Director | $185.00 |
| ⭘ | Mortuary | $185.00 |
| ⭘ | Hairdressers shop | $140.00 |
| **Internet banking details** | | |
| To make a payment by Internet Banking, the details you will need are:  Account name: Hauraki District Council  Account number: 02-0396-0064018-004  Particulars: Health  Code: Applicant Name  Reference: Enter the type of premise e.g. hairdresser | | |

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| **Office use:** | |
| Doc No: | File: HDC\Property Regulatory Monitoring\Licencing\Health\Food Premises |
| Licence No: EVENT HLTH | Task: Health Licensing Inwards Document |
| Approved / Declined Authorised by: | Receipt Code: 500 – 6829.0130.0260  Receipt No: |
| Responsibility: Health Team | Review date: 14/03/2023 Version: 6.0.1 MDN# 2125227 |