

Application form for 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:

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

2. Registration of Premises	
Type of premises (please select one)	Fees including GST
<input type="radio"/> Stock Saleyards	\$250.00
<input type="radio"/> Camping Ground	\$110.00
<input type="radio"/> Offensive Trade	\$250.00
<input type="radio"/> Funeral Director	\$185.00
<input type="radio"/> Mortuary	\$185.00
<input type="radio"/> 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

Office use:	
Doc No:	File: HDC\Property Regulatory Monitoring\Licensing\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 MDN# 2125227