



APPLICATION FOR TRADE WASTE CONSENT
Otorohanga Tradewaste Bylaw 2000
for the period ended

Please print clearly in BLOCK CAPITALS.

1. Name of applicant:

2. Postal address:

Phone:

3. Trading name:

4. Street location:

5. Type of business:

6. Owner of Business:

7. This Application relates to:

- Proposed new discharge
- An existing discharge for which no consent exists. State current point or place of discharge.
- Renewal of consent
- Variation to an existing consent – Nature of variation: _____

8. I am authorised to make this application. I believe all the information to be true and correct.

Signature of applicant: _____

Office Use Only

Environmental Health Officer: _____

Licence No.:

Debtor No.:

Receipt:

Date:

