

APPLICATION FOR REGISTRATION

Health (Registration of Premises) Regulations 1966

PREMISES DETAILS

Premises: _____

Postal Address: _____

Occupier: _____

Phone: _____

Premises Address: _____
(if different from Postal Address)

Valuation Reference No: _____
(off rates instalment notice)

NOTE: The "Occupier" is the person, company, partnership of others, who are responsible for the operation of the business. The Registration Certificate will be issued to the Occupier.

REGISTRATION DETAILS

<u>FOOD PREMISES</u>		<u>BOARDING HOUSE</u>	<input type="checkbox"/>
Manufacture, preparation, storage of food:	<input type="checkbox"/>	<u>HAIRDRESSER:</u>	<input type="checkbox"/>
Delicatessen:	<input type="checkbox"/>	<u>CAMPING GROUND</u>	<input type="checkbox"/>
Retail Sale of Meat/Fish:	<input type="checkbox"/>	<u>OFFENSIVE TRADE</u>	<input type="checkbox"/>
Grocery:	<input type="checkbox"/>	<u>SALEYARDS:</u>	<input type="checkbox"/>
Retail Sale of Milk	<input type="checkbox"/>	<u>AUCTION MART:</u>	<input type="checkbox"/>
Retail Sale of Cakes/Sandwiches/Bakers Small goods.	<input type="checkbox"/>	<u>OPERATION OF VENDING MACHINED</u>	<input type="checkbox"/>
Eating House:	<input type="checkbox"/>		
Retail Sale of Fruit/Vegetables:	<input type="checkbox"/>		
<u>TRANSFER OF OWNERSHIP:</u>	<input type="checkbox"/>		
<u>DUPLICATE CERTIFICATE:</u>	<input type="checkbox"/>		

<p><u>Office Use Only</u></p> <p>Debtor No</p> <p>Certificate No</p> <p>Receipt</p> <p>No: _____</p> <p>Date: _____</p>
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PAYMENT DETAILS

Total fee payable to OTOROHANGA DISTRICT COUNCIL: \$_____ (inclusive of GST)
Tax Invoice Otorohanga District Council Registration Number: 10-962-633

DECLARATION

I, _____, hereby state that the aforesaid particulars are true and correct, and I now make application for a Certificate of Registration to be issued to the occupier specified.

Signature

Date