

Application for Health Premises Registration

Health (Registration of Premises) Regulations 1966
Camping Ground Regulations 1985
Health Act 1956 S.54(3)
Health (Hairdressers) Regulations 1980



WHANGANUI
DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

1. Application details

Premise Name (trading name)	<input type="text"/>		
Premise Address	<input type="text"/>		
Applicant's Name	<input type="text"/>		
Applicant's Address	<input type="text"/>		
Company Name (if applicable)	<input type="text"/>		
Postal Address (if different from applicant's/premise address)	<input type="text"/>		
Email Address	<input type="text"/>		
Contact numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone (Daytime)	Phone (Afterhours)	Mobile
Description of Activity (Please tick appropriate box/boxes)			
<input type="radio"/> Hairdressers	<input type="radio"/> Camping Ground	<input type="radio"/> Funeral Home	<input type="radio"/> Offensive Trade
<input type="radio"/> Other—please provide details:	<input type="text"/>		
Applicants Signature	<input type="text"/>	<input type="text"/>	
Proposed commence trading date	<input type="text"/>	Dated	

2. Alteration/Change of Ownership

Premise name prior to change	<input type="text"/>		
Premise Name if changing	<input type="text"/>		
Premise Address	<input type="text"/>		
Applicant's Name	<input type="text"/>		
Applicant's Address	<input type="text"/>		
Company Name (if applicable)	<input type="text"/>		
Postal Address (if different from applicant's/premise address)	<input type="text"/>		
Email Address	<input type="text"/>		
Contact numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone (Daytime)	Phone (Afterhours)	Mobile
Description of Activity (Please tick appropriate box/boxes)			
<input type="radio"/> Hairdressers	<input type="radio"/> Camping Ground	<input type="radio"/> Funeral Home	<input type="radio"/> Offensive Trade
<input type="radio"/> Other—please provide details:	<input type="text"/>		
Applicants Signature	<input type="text"/>	<input type="text"/>	
Proposed takeover date	<input type="text"/>	Dated	

For Office use only

Date received

Received by:

(print name)

Approved:

YES

NO

Approved by:

(please circle whichever is applicable)

(print name)

Date approved

Approval signature:

Liquor Licence req.?

YES

NO

Inspection time:

Category:

(please circle whichever is applicable)

Is a Grease trap req?

YES Compliant

Non Complaint

No

(please circle whichever is applicable)