



# APPLICATION FOR HEALTH REGISTRATION

## Health (Registration of Premises) Regulations 1966

### PREMISES DETAILS

Change of Occupier  
 New Registration

OCCUPIER FULL NAME \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

PREMISES ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

TRADE NAME \_\_\_\_\_

VALUATION NUMBER (IF KNOWN) \_\_\_\_\_

**NATURE OF BUSINESS** (tick applicable box or state) \_\_\_\_\_

Supermarket <input type="checkbox"/>	Service Station <input type="checkbox"/>	Café / Restaurant <input type="checkbox"/>	Hotel / Tavern / Liquor <input type="checkbox"/>
Dairy / Grocery <input type="checkbox"/>	Rest Home <input type="checkbox"/>	Mobile Food Shop <input type="checkbox"/>	Honey House <input type="checkbox"/>
Butchery / Fish <input type="checkbox"/>	Take away <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Wrapped Foods Only <input type="checkbox"/>
Bakery / Cake kitchen <input type="checkbox"/>	Caterer <input type="checkbox"/>	Fruit / vege <input type="checkbox"/>	Manufacturer <input type="checkbox"/>
Hairdresser <input type="checkbox"/>	Camping Ground <input type="checkbox"/>	Funeral/Mortuary <input type="checkbox"/>	Offensive Trade <input type="checkbox"/>

**SPECIFICALLY/OTHER** \_\_\_\_\_

### DECLARATION

I \_\_\_\_\_ (print name of person signing application) hereby state that the above particulars are true and correct and I now make application for a certificate of registration to be issued to the occupier specified in this application.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

RISK GROUP: HIGH (3) MEDIUM (2) LOW (1) VERY LOW (0)

BASE FEE: \_\_\_\_\_ CHANGE OF OCCUPIER: \$75.00

DISCOUNTS: TRAIN / PLAN

PURPOSES/CATEGORY:

PRIMARY GROUP: PLUHEALTH      PLUNOREGFD      PLUREGFOOD

LICENCE APPLICATION NUMBER: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_