



Application for Health Registration

Health (Registration of Premises) Regulations 1966

To: Waipā District Council, Private Bag 2402, Te Awamutu 3840
Phone: 0800 924 723 | Web: waipadc.govt.nz | Email: info@waipadc.govt.nz

Premises Details Change of Owner New Registration

Occupier Full Name _____

Trade Name _____

Contact Phone Number _____

Premises Address _____

Postal Address _____

Town/City _____ Post Code _____

E-mail _____

In case of Mobile shop vehicle registration _____

Nature of Business (tick applicable box or state) _____

Hairdresser Camping Ground Funeral/Mortuary Offensive Trade

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

Base Fee: \$143.00 Change of Occupier: \$82.00

NEW PREMISES SET UP FEE \$150.00 PER HOUR PLUS MILEAGE @ \$1.20 PER KM IF INSPECTION REQUIRED

Purposes/Category:

Primary Group: pluHealth

Licence application Number: _____ Receipt number: _____