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

What you will need before you start this form:

- Familiarise yourself with your legislative requirements on minimum standards and requirements.
- The Premises Cannot be Opened or Operated without a current Certificate of Registration. If registering your business for the first time, the premises must be inspected before approval.
- The licence holder is responsible for obtaining all other necessary consents, permits, and licences, including those under the Building Act 2004, the Resource Management Act 1991, and Waipā District Council Bylaws. If you have had to apply for a building consent, then it is your responsibility to ensure you have a Code of Compliance Certificate or a Certificate of Public Use prior to the issue of your health registration.
- There may be a need to apply for Trade Waste permit for discharge into Councils wastewater system. More information can be accessed from Council's website' https://www.waipadc.govt.nz/our-services/water-services/tradewaste.
- Processing of the application takes at least 10 working days if all the relevant information and payment have been received, however, new applications can take longer as they will need to be inspected prior to approval and will be dependent on compliance with building and planning legislation.
- Registration for mobile business is not transferable.
- Relocation of premises is not transferable and requires a new application/inspection. Health licence fees are non-refundable and are not pro-rated.

1. What type of registration are you applying for?

☐ **Camping Ground**

☐ **Funeral Director (if have mortuary select option below too)**

☐ **Mortuary (If applying for first time need to provide copy of floorplan)**

2. Applicant Details

Full Name (Partnership or company)	
Trading name	
Physical Address of premises	

If you operate from a vehicle, provide vehicle registration number & make/model

3. Do you wish to register as new business or takeover the existing registration
☐ **I am registering as a new business** (building new premises or moved location) ☐ **I am taking over an existing registration.** Provide existing registration number and takeover date

Postal Address:	
Address	
Town/ City	
Postcode	
Email	
Mobile	

4. Contact Person Details: *The contact person details entered below will be used for communications about your registration.*	
Name	
Position	
Phone	
Email	

5. Applicant Statement:

I confirm that:

1. I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator; and
2. The information supplied in this application is truthful and accurate to the best of my knowledge and belief.
3. It is my responsibility to renew the registration or licence before it expires or advise Council of any change in details and will be required to pay fees and charges relating to registration and enforcement.
4. The personal information in this application form will be stored and protected by Waipa District Council in accordance with the Privacy Act 2020 and may share personal information provided in this application within Council or other government agencies so it can perform its Compliance functions and research related work.
5. The issuing of the Health Licence is dependent of your compliance with building and Planning legislation.

Full Legal Name	
Signature	
Date	

6. Checklist
A completed & signed application
☐ A copy of your certificate of incorporation if you are a company
A completed floor plan or layout (hand drawn sketch or photos acceptable)