

Application for Health Licence Pursuant to Health (Registration of Premises) Regulations 1966

The purpose of this form is to register a premises or business that are considered hairdressers, barbers, camping-grounds, septic contractors, or mortuaries.

Please	include the following when applying:	
	Completed application form and associated application fe	ee
	Building Consent and/or Resource Consent (if applicable)	
	Site plan with parking facilities and any outside areas used in conjunction with operation (e.g. Alfresco Dining Area) in square metres	
	Floor plan with the interior layout including kitchens, basi etc., in overall square metres of the floor area	ns, dining areas, toilets (including disability toilets)
Licen	ce details	
1	Licence type (select one) Hairdressers, Barbers Septic Contractor	Campground Mortuary
Appli	cant details	
2	Trading name:	Licensee name: (name to be on the licence)
3	Contact name:	Contact email:
	Contact phone:	Contact mobile:
4	Detailed description of business:	Postal address:
	Current use of premises:	
Prem	ises details	
5	Do you own the building you intend to operate from?	Yes No If yes, skip question 6
6	Full legal name or company of owner:	Property address:
7	Rates number:	Valuation number:
8	Building Consent Number: (if applicable)	Resource Consent number: (if applicable)
IMPO	RTANT NOTE	
	pplication will be assessed by the Building and Planni e Building Act 2004 and Resource Management Act 19	
	rsonal information that you provide in this form will be held ance with our privacy statement, available here.	I and protected by the Far North District Council in
Applica	nt's full name Applicant signatu	re Date (DD / MM / YYYY)

Payment Application Fee (incl GST) Receipt Number Payment Received Y / N Administration Date Application Received Date Application Vetted Date Application Completed Date Application Completed