

Health Licence Application for Amendment

Health (Registration of Premises) Regulations 1966

(Please print clearly)



The purpose of this form is to make an amendment to an existing health licence .

Enquiries to:
Far North District Council
Environmental Health Services
Email: ask.us@fndc.govt.nz
Phone: 0800 920 029

Licence Details

Licence Number			Type/Class	
Trading Name				
Detailed Description of Operation				
Licencee (Liable for Payment)				
Postal Address				
Contact Phone		Fax		
Mobile		Email		
Applicant Signature			Date	

Premise Details

Owner			
Premises Address			
Valuation No.		Rates No.	

Previous Owner Details

Licence Number			Type/Class	
Trading Name				
Detailed Description of Operation				
Licencee				
Postal Address				

Please supply as much information as possible to assist us with making the correct changes. There is a fee payable for this request please refer to the Councils "Fees & Charges" on the FNDC website.

For Office Use Only:

Health Licence Number		Licence Type		
Environmental Health Officer				
Name			Date	
Signature				

Comply

☐

Non Comply

☐

Comments

--