

# Application for Health Premises Registration

Health (Registration of Premises) Regulations 1966  
Camping Ground Regulations 1985  
Health Act 1956 S.54(3)  
Health (Hairdressers) Regulations 1980



## WHANGANUI DISTRICT COUNCIL

Te Kaunihera a Rohe o Whanganui

### 1. Application details

Premise Name (trading name)	<input type="text"/>		
Premise Address	<input type="text"/> <input type="text"/>		
Applicant's Name	<input type="text"/>		
Applicant's Address	<input type="text"/> <input type="text"/>		
Company Name (if applicable)	<input type="text"/>		
Postal Address (if different from applicant's/premise address)	<input type="text"/>		
Email Address	<input type="text"/>		
Contact numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone (Daytime)	Phone (Afterhours)	Mobile
Description of Activity (Please tick appropriate box/boxes)			
<input type="radio"/> Hairdressers	<input type="radio"/> Camping Ground	<input type="radio"/> Funeral Home	<input type="radio"/> Offensive Trade
<input type="radio"/> Other—please provide details:	<input type="text"/>		
Applicants Signature	<input type="text"/>	<input type="text"/> / /	
Proposed commence trading date	<input type="text"/> / /	Dated	

### 2. Alteration/Change of Ownership

Premise name prior to change	<input type="text"/>		
Premise Name if changing	<input type="text"/>		
Premise Address	<input type="text"/> <input type="text"/>		
Applicant's Name	<input type="text"/>		
Applicant's Address	<input type="text"/> <input type="text"/>		
Company Name (if applicable)	<input type="text"/>		
Postal Address (if different from applicant's/premise address)	<input type="text"/>		
Email Address	<input type="text"/>		
Contact numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Phone (Daytime)	Phone (Afterhours)	Mobile
Description of Activity (Please tick appropriate box/boxes)			
<input type="radio"/> Hairdressers	<input type="radio"/> Camping Ground	<input type="radio"/> Funeral Home	<input type="radio"/> Offensive Trade
<input type="radio"/> Other—please provide details:	<input type="text"/>		
Applicants Signature	<input type="text"/>	<input type="text"/> / /	
Proposed takeover date	<input type="text"/> / /	Dated	

**For Office use only**

Date received

Received by:

*(print name)*

Approved:

**YES**

**NO**

Approved by:

*(print name)*

*(please circle whichever is applicable)*

Date approved

Approval signature:

Inspection time

Category

: