



**HOROWHENUA  
DISTRICT  
COUNCIL**

**Application For Registration Of Premises**

Health (Registration of Premises) Regulations 1966

**Camping Ground**

Trading name: \_\_\_\_\_

Full name of applicant or company/partnership : \_\_\_\_\_

\_\_\_\_\_

Business address of premises: \_\_\_\_\_

\_\_\_\_\_

Mailing address if different: \_\_\_\_\_

\_\_\_\_\_

Telephones Numbers: Business \_\_\_\_\_ Home \_\_\_\_\_

Mobile \_\_\_\_\_

Number of Camp sites: \_\_\_\_\_ Number of Cabins \_\_\_\_\_

Allowed Occupancy Rate: \_\_\_\_\_

The fee of \$ \_\_\_\_\_ is enclosed

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Office use only**

Receipt number: \_\_\_\_\_ New record created: \_\_\_\_\_

New license sent: \_\_\_\_\_

Return to the Horowhenua District Council, private bag 4002, Levin 5510 or fax (06) 3660977  
Please phone (06)3660999 if you have