



**HOROWHENUA  
DISTRICT  
COUNCIL**

**Application For Change Of Ownership**

Health (Registration of Premises) Regulations 1966

License number: \_\_\_\_\_

Name of existing premises \_\_\_\_\_

**NEW OWNER'S DETAILS**

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Mobile \_\_\_\_\_

Type of food for sale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The fee of \$85.00 is enclosed**

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

**Office use only**

Receipt number: \_\_\_\_\_ Records updated: \_\_\_\_\_

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