HOROWHENUA DISTRICT COUNCIL

Application for Registration of Mobile Food Premise

Health (Registration of Premises) Regulations 1966

The purpose of this form is to enable the council to process the registration of your new food business efficiently, enabling you to begin trading as quickly as possible while complying with all relevant legislation.

Please therefore provide as much detail as possible. Do not feel limited by the content of the form itself. If you feel there is more relevant information we need to know attach any further sheets necessary. This form will be used to advise other council officers that may be needed to ensure compliance of your business/ property.

Section 1

Full name of applicant	
Full name of company / partnership	
Trading as' (name)	

Storage address of mobile

Mailing address if different.
Post Code

Telephone numbers:	**Business:**	
	Home:	
	Mobile:	
Email address:		

Description of business applied for: *Please describe in as much detail what types of foods you intend to sell and how you intend to manufacture or prepare it. Attach extra sheets where necessary.*

Description of mobile premise: Please describe the type and design of the mobile premise you intend to use. Please give as much detail as possible and provide photographs if available.
Vehicle Make:
Vehicle Model:
Vehicle Registration No:

Customers' tables and seating: *If providing tables and chairs please give details of numbers.*

Opening hours and proposed locations: *Please provide details of where and when you intend to open (e,g 121 Cheltenham Street, Mon –Fri 8am –3 pm and special events, AP&I, balloon festival.)*
NB. you may be required to provide proof of permission to trade on private land. You are advised to read the pamphlet "site applications for mobile food shops"

Do you propose to put out advertising signage? If so please describe where you intend to advertise and provide photographs of the signs

Is your mobile vehicle likely to create any possible noise issues? i.e. chimes, generators, music, etc. Please give details below.

Staff and staff training: *Please provide details of how many staff you will have, briefly their roles (e.g. manager, waitress) and what level of food hygiene training they have or will have. (copies of certificates)*

When do you intend to open? (begin trading):	

Signature of applicant		**Date ……../……../20……**
Name		

Section 2

(HDC use only)

Environmental Health Comments / notes		
Resource Management Referral:	**Date:**	**N/A**
Comment:		
Building Control Referral:	**Date**	**N/A**
Comment:		
Other Referral (state below):	**Date**	**N/A**
Comment:		

Approved	**Date:**
Applicant advised	**Date:**
Licence fee applicable	**$**
Receipt number:	
New licence created	**Date:**
Licence sent	**Date:**