



# Application for Registration of Premises

## Health (Registration of Premises) Regulations 1966



*To build long term customer confidence based on our competence, expertise, professionalism, pride, integrity and by being great to deal with.*

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What type of  
Application is this?

Date

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**1. APPLICATION** (Please use your full name, including middle name)

Applicant's/  
Company Name:

Applicant's/  
Company Address

Postal Address (if  
different from  
above)

Contact Phone  
Number:

Email Address:

Company Name:

Office Address (if  
applicable):

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## 2. PREMISES DETAILS

Is your business:

Hairdresser

Camping Grounds

Funeral Director

Trading Name:

Physical Address  
of Premises:

Preferred Mailing  
Address:

Contact Name:

Email Address:

Business Phone:

**I give my consent for Council to use my e-mail address and mobile phone number to send me electronic communications regarding my registered premises.**

Yes

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## 3. BUSINESS DETAILS

Trading Hours:

When do you  
intend to start  
trading?

**A plan showing the layout of the premises is attached**

Yes

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#### 4. FEES AND PAYMENT DETAILS

##### **Transfer (Change of Ownership):**

The registration of an existing premises can be transferred to the new owner provided that this application is completed within 14 days of the change of ownership and the premises is currently operating. A transfer fee of \$120.00 applies.

##### **New Premises:**

All new premises applications must be accompanied by a non-refundable deposit of \$220.00 for Hairdressers and Funeral Directors, and \$385.00 for Camping Grounds, which will be applied to the full cost of the registration process. Applicants will also be charged for consultations, processing, administration and inspection at an hourly rate of \$150.00 per hour (or part thereof), excluding the first 30 minutes which is free. Applicants can contact Council's Environmental Health Officer for an estimate of the total cost. Payment can be made by cheque, EFTPOS or cash.

It is recommended that payment is made electronically using internet banking. Council's Bank details are:

<b>Name</b>	<b>Bank</b>	<b>Branch</b>	<b>Account Number</b>
Horowhenua District Council	BNZ	Levin	02-0668-0070607-02

Ensure you include your name as written on this form and the reference for payment CAT19 in the Particulars and Reference sections when making payment. No action will be taken on your application until payment has been receipted by Council and matched to your application. To speed things up send evidence of your payment with your application email.

Should it be necessary for Council to refund part or all of the fee paid, please provide below the details of the bank account you wish this to be paid to.

**Account Name**

**Bank Account Number**

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#### 5. DECLARATION

The information provided in this form is correct at the time of completion.

**By typing your name in the space provided below, you are 'electronically signing' this form.**

**Name:**

**Date:**

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**OFFICE USE ONLY**

Register Numbers: 602 - Hairdressers, 605 - Camping Ground, 606 - Funeral Director Enter the trading name of the premises as the precis in Authority.

Register & Document Number (e.g. 600.2014.11.1)

New application non-refundable deposit fee - \$220.00 Hairdressers/Funeral Director or \$385.00

Camping Ground - H\_NEW receipt code 317

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**V3**