

Application for registration of premises

This is an application under the Health Act 1956 and associated regulations and bylaws. Please note you will need to have this application approved and have paid the associated fees before you open for business.

Send or deliver this completed form to:

Public Health Group
PO Box 2199
101 Wakefield Street
Wellington 6140

Email: publichealthenquiries@wcc.govt.nz, Fax: 801 3012

Office use only

Scan code	ALR
Previous SR	
New SR	
Wufi No.	

This application is for

- a new licence/registration Trading Name of premises you are taking over _____
- a change of occupier

Type of licence or registration you are applying for:

- Funeral director Camping ground Swimming pool Animal boarding
- Other (*describe*) _____
- Hairdresser/barber. Please advise the number of customer chairs _____

Applicant details

Full name:

Registered company name (*if applicable*):

Applicant's address:

Phone (*day*):

Phone (*evening*):

Mobile:

Fax:

Email:

Signature of applicant or agent of business/company:

Date:

Premises details

Trading name of premises:

Street address of premises:

Postal address (*if different*):

Contact person:

Position held:

Business phone (*if different from applicants number*):

Mobile:

Opening date of new business or date of change of occupier:

Fees

This application form must be completed and submitted to the Council as soon as possible. We will contact you and advise you of the fee once we have assessed your application. This fee must be paid, and your application and premises approved before you can open for business.

Privacy information

The information you have provided on this form is required to process your application for a licence or registration under the Health Act 1956 and associated regulations and bylaws. Under the Privacy Act 2020, you have the right to see and correct the personal information the Public Health team holds about you.