



Clutha District Council

APPLICATION FOR REGISTRATION OF PREMISES

I hereby apply for registration in respect of the premises referred to below, pursuant to the provisions of:-

The Health (Registration of Premises) Regulations 1966

Update

New Application

Transfer
(change of ownership)

Licensee Name (in full):

Trading Name:.....

Address of Premises:.....

Preferred mailing address:.....
(if different from premises address)

Contact Name:

Bus phone: Contact Mobile:.....

Email:

Type of Registration:

Required (see attached list)

Signature: _____ Date: _____

Fee enclosed: \$ Receipt No. _____ Cert. of Reg. No: _____

New Premises? You must contact Building Control and Planning to find out what the requirements are under their relevant legislation

Note: Within 14 days after any change in the occupation of the premises a new occupier must apply to the local authority to have the change noted in the record of registration. The existing certificate of registration must also be returned together with this application.

INSPECTOR'S REPORT

The above application is approved / not approved

Conditions (if any): _____

Date: _____ Signed: _____

TYPES OF REGISTRATION

Please select one of the following types of registered premises

Camping Grounds

Funeral Director [please see the Health / Burial Regulations 1946]

Hairdresser

Offensive Trades

Itinerant Trader

Mobile Shop (not food)

Hawker (not food)