

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

Description of site/prem	nises:		
Trade Name (If any):	· · · · · · · · · · · · · · · · · · ·		
Address of Premises:			
Name of Applicant:			
Contact Tel.			
Position held by application Relation to Premises	ant ::		
Type of Registration: Required (see attached	l list)		
Signature:		Date:	
Fee enclosed: \$	Receipt No	Cert. of Reg. N	No:
must apply to the loc	after any change in the call authority to have the cate of registration mu	change noted in the re	ecord of registration.
	INSPECTOR'	S REPORT	
The above application	is approved / not approve	d	
Conditions (if any):	in the second se		
Date:	Health Inspector:		

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

Other [please specify overleaf]

Fees

The registration fee is dependant upon the risk rating of the premises in question and the allocated frequency of inspection.

Please contact the Council to confirm the level of fees that are payable for the registration of your premises.