

APPLICATION FORM

Registration of Premises

TAX INVOICE GST No. 16-940-356

Hairdressing salons, camping grounds, funeral directors and offensive trades are subject to annual registration and inspection under the Health (Registration of Premises) Regulations 1966.

All registrations are issued according to the financial period starting 1 July of each year and ending on 30 June the following year. Premises are inspected annually. The registration fee includes the cost of the inspection.

Your help to ensure registration and inspection occur within the required timeframes is appreciated.

Our contact details are (07) 306 0500 and environmentalhealth@whakatane.govt.nz

NOTE: fields marked with * are mandatory. Registrations must have a completed application form and fee payment.

| TYPE OF PREMISES FOR REGISTRATION | | | |
|--|---|---|--|
| <input type="checkbox"/> Camping Ground | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Hairdresser | <input type="checkbox"/> Offensive Trade |
| <input type="checkbox"/> Transfer of Ownership <i>(New owner to complete within 14 days of taking over business)</i> | | | |
| CONTACT DETAILS | | | |
| Legal Name(s) of Operator or Company | | | |
| Trading Name | | | |
| Name | * | | |
| Phone number <i>Mobile preferred</i> | * | Email | * |
| Physical Address | * | Postal Address | * |
| | | <input type="checkbox"/> Same as physical address | |
| HEALTH PREMISES REGISTRATION FEES | | | |
| Registration Type | | Total Fee (GST inc) | |
| Camping Ground | | <input type="checkbox"/> \$470.00 | |
| Funeral Director | | <input type="checkbox"/> \$275.00 | |
| Hairdresser | | <input type="checkbox"/> \$275.00 | |
| Offensive Trade | | <input type="checkbox"/> \$275.00 | |
| Transfer of Ownership | | <input type="checkbox"/> \$75.00 | |
| To pay direct - Whakatāne District Council bank details: ANZ account number 01-0434-0334411-00 Use references "your business name", "FOOD", "LIHI" | | | |

1 July 2024 | A1550165 | Version 6

APPLICATION FORM

Registration of Premises

TAX INVOICE GST No. 16-940-356

| PAYMENT | | | | | |
|---|--------------|--|--------|--|----------------|
| Cash <input type="checkbox"/> Online (Please attach proof of payment) <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| Office use only: | CSC Initials | | Amount | | Receipt Number |

| APPLICANT STATEMENT | | | |
|---|---|------------------|---|
| <p>I confirm that:</p> <ol style="list-style-type: none"> 1) I hereby apply to have the above premises licensed in accordance with the Health (Registration Premises) Regulations 1966; and 2) I am authorised to make this application as the occupier or a person with legal authority to act on behalf of the occupier; and 3) The information supplied in this application is truthful and accurate to the best of my knowledge and belief. <p>Or (in the event of transfer of ownership):</p> <ol style="list-style-type: none"> 4) I hereby advise of my new occupation of the above premises; and <p>I apply to have the change noted on the record of registration and on the Certificate of Registration for the premises.</p> | | | |
| Name | * | Job Title | * |
| Signature | * | Date | * |

| APPLICANT CHECKLIST | |
|--|--|
| <p>Have you:</p> <p><input type="checkbox"/> Filled out the application form in full?</p> <p><input type="checkbox"/> Attached a Certificate of Incorporation (if you have a registered limited liability company)?</p> <p><input type="checkbox"/> Read and signed the Applicant Statement?</p> <p><input type="checkbox"/> Included fee payment for this application? (If paid online, please provide the details of this transaction.)</p> | |

| |
|--|
| <p>Email completed application forms to: environmentalhealth@whakatane.govt.nz</p> <p>Post completed application forms to: Whakatāne District Council, Private Bag 1002, Whakatāne 3158</p> <p>Or return to: Customer Services, Civic Centre, Commerce Street, Whakatāne Or Customer Service Centre, Pine Drive, Murupara</p> |
|--|