

Notification of intention to register new premises under the Health Act 1956

Applicant's full name _____

Postal address _____

Trading name of business _____ Business phone _____

Street address of premises _____

Type of premises (*tick box* ✓) Food Camping ground Hairdressing Offensive trade

For food premises (*please complete*) Describe type (*i.e. takeaway, restaurant, etc*)

When dining is available on the premises, state the normal seating capacity _____

Will food be manufactured or sold from the premises other than by retail Yes No

For camping ground (*please complete*) State number of sites _____

For offensive trade (*please complete*) Describe type of trade _____

Signature

Date

Notes to applicant

No fees are paid with this form

Please return this form to Whangarei District Council, Private Bag 9023, Whangarei 0148
Attn: Support Assistant, Environmental Health

Office use

Licence expiry month

Licence number