



**APPLICATION FOR REGISTRATION**  
**Health (Registration of Premises)**  
**Regulations 1966**

**Fee \$50.00 GST inclusive**

15 Forth Street, PO Box 903, Invercargill 9840 New Zealand  
Tel: 0800 732 732, Fax: 0800 732 329  
[www.southlanddc.govt.nz](http://www.southlanddc.govt.nz)

**CHANGE OF OWNER**

**Must be lodged within 14 days of any change in ownership**

**Please PRINT Clearly**

**DETAILS OF APPLICANT - Please complete**

Applicant name: \_\_\_\_\_

Full Name or Company Name

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Hereby apply to have the premises described below Registered:**

(Note: Registrations fall due on 31 December each year.)

**DETAILS OF PREMISES - Please complete**

Name of Premises: \_\_\_\_\_

Location: \_\_\_\_\_

(Rapid/Road Name)

Change of ownership date: \_\_\_\_\_

**PURPOSE OF REGISTRATION - Please select the type of premises:**

*Food Premises*

- |  |  |
|--|--|
| <input type="radio"/> Bakery               | <input type="radio"/> Eatinghouse (food eaten on the premises) |
| <input type="radio"/> Delicatessen         | <input type="radio"/> Sale of fruit or vegetables              |
| <input type="radio"/> Sale of meat or fish | <input type="radio"/> Sale of ice cream                        |
| <input type="radio"/> Grocery              | <input type="radio"/> Food vending machine                     |
| <input type="radio"/> Sale of milk         | <input type="radio"/> Other _____                              |
| <input type="radio"/> Manufacturing        |  |

*Offensive Trade*

Specify \_\_\_\_\_

*Hairdresser*

- |                             |                                       |
|-----------------------------|---------------------------------------|
| <input type="radio"/> Salon | <input type="radio"/> Home occupation |
|-----------------------------|---------------------------------------|

*Camping Ground*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete all sections and return form with payment.**

**Office Use Only -**

EHO Comment:

Licence No: LIC

Trim File : L