



Southland District Council

Te Rohe Pōtae O Murihiku

15 Forth Street, PO Box 903, Invercargill 9840 New Zealand
Tel: 0800 732 732, Fax: 0800 732 329
www.southlanddc.govt.nz

APPLICATION FOR REGISTRATION
Health (Registration of Premises)
Regulations 1966

Fee \$50.00 GST inclusive

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

- Bakery, Delicatessen, Sale of meat or fish, Grocery, Sale of milk, Manufacturing, Eatinghouse (food eaten on the premises), Sale of fruit or vegetables, Sale of ice cream, Food vending machine, Other

Offensive Trade

Specify _____

Hairdresser

- Salon, 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