



APPLICATION FOR REGISTRATION OF PREMISES

Pursuant to Health Act 1956 and Health (Registration of Premises) Regulations 1966

Occupier: _____
Full name or company name

Postal Address: _____

Hereby apply to have the premises described below Registered:

(Note: Registrations fall due on 30 September each year.)

Trading Name: _____

Address of Premises: _____

Contact Person: _____ **Daytime Number:** _____

Fax: _____ **Mobile:** _____

Email: _____

Signature: _____ **Date:** _____

Proposed Opening Date: _____

Purpose of Registration (Type of premises)

Food Premises

- Sale of cakes, sandwiches or bakers' small goods
- Delicatessen
- Sale of meat or fish
- Grocery
- Sale of milk

- 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

Initial Application Fee - to be submitted with this form \$245.00 incl GST

(this fee covers the initial application and approval inspection)

FOR OFFICE USE

Fee Paid \$ _____

Debtor No. _____

Date Paid: _____

EHO Comments: _____

Licence Number: _____

Valuation Number; _____

Date Issued: _____