



APPLICATION FOR CHANGE OF OCCUPANCY

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

PREMISES DETAILS

Trading name: _____

Address of Premises: _____

Licence number: _____

Date change of occupancy occurred: _____

NEW OCCUPIER DETAILS

Occupier: _____
Full name or company name

Postal Address: _____

Contact person: _____ Daytime number: _____

Fax: _____ Mobile: _____

Email Address: _____

Signature: _____ Date: _____

Note: Registrations fall due on 30 September each year.

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*

Fee to be submitted with this form \$65.00

FOR OFFICE USE			
Fee Paid \$	_____	Date: _____	Invoice No. _____
Details updated	_____		Receipt No. _____
EHO Comments:	_____ _____		
Licence No.	_____	Date Issued: _____	Valuation No. _____