

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: _____

Trading Name: _____

Address of Premises: _____

Contact Person: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: _____

Purpose of Registration (Type of premises)

Offensive Trade Licence

FOR OFFICE USE

Fee Paid \$ _____ Date: _____ Invoice No. _____

Debtor No. _____ Receipt No. _____

EHO Comments: _____

Licence No. _____ Date Issued: _____ Valuation No. _____