

***Pursuant to the Health Act 1956, Health (Registration of Premises) Regulations 1966 and
Kaipara District Council's General Bylaws 2008 – Part 3***

Definitions

Hawkers – Include any person who carries out or takes about any goods, wares or merchandise, for sale or hire not in response to any invitation to call and goods carried about by that person, does not trade directly from a vehicle.

Itinerant Traders – apply to any person who has been a non-resident in the district for six months prior to the application date; not owning or having entered into a binding lease in writing in the district for at least six months; carries on or engages in any business in the district involving the sale or hire of goods.

Stand or Stall Traders – includes a stand, stall structure or contrivance from which any goods, merchandise or service is offered for distribution or sale and which is erected, placed or maintained in or on a public place.

Applicant Details

Name of Applicant			
Address of Applicant			
		Post Code	
Contact Phone No		Mobile Phone No	

Vehicle Details (if applicable)

No of vehicles	
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Owner Details	
Vehicle Registration No	

Additional Vehicle Details (if applicable)

Owner Details (Trailer)	
Trailer Registration No	
Owner Details (Caravan)	
Caravan Registration No	

Street Location (where Business Proposed to Operate From)

Street Address	
Location	
Hours of Trade	
Description of Food/Goods for Sale	

Evidence of good character must be provided – please supply a character reference written and dated within the last twelve months. The address of the referee must be supplied with a contact daytime phone number.

Annual Fee to accompany application:

Hawkers - \$25.00

Itinerant Traders - \$112.50

Stand or Stall Traders - \$15.00

I, _____

Apply for a _____ licence and enclose the requisite fee of \$ _____

Signed: _____ Dated: _____

For Office Use Only

Amount Paid	\$ _____
Receipt Number	_____
Dated received	_____

Environmental Health Officer

Has inspection of vehicle been undertaken	Circle appropriate	
	Yes	No
Recommendation the licence be granted	Circle appropriate	
	Yes	No
Assessed by	_____	
Signed	_____	
Dated	_____	

Office Use Licence Details

Licence Number	_____	
Date of Issue	_____	
Renewal date	_____	
	Health Risk Category	_____
	Number of Annual Inspections	_____