

As required by the Health Act 1956 and Regulations made there under, the Health (Registration of Premises) Regulations 1966, Local Government Act 1974 and Kaipara District Council bylaws.

Please confirm the following information, and provide new details where necessary. Please print clearly in BLOCK CAPITALS.

1. Name of applicant:

2. Postal address:

3. Phone:

4. Trading name:

5. Street location: (For Mobile Shop licenses, please include vehicle registration)

6. Type of business: **MOBILE SHOP/FOOD PREMISES : FOOD PREMISES** (For Mobile Shop licenses, please include type of products/goods sold)

7. Manager:

8. Please return this completed application together with the appropriate fee of \$ to
Kaipara District Council, Private Bag 1001, Dargaville.

Signature of applicant

Office Use Only

I have inspected the above-described premises and consider them suitable for registration.

Environmental Health Officer:

Licence No.: FP Debtor No:

Receipt: Date: