

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

Applicant Details

Name of Applicant			
Address of Applicant			Post Code
Email			
Contact Telephone	Work	Home	Mobile

Business Details

Business Details (Trading Name)			
Manager Name(s)			
Contact Telephone	Work	Home	Mobile
Street location (where business is to operate from)			
			Post Code

To enable the Building Team to fully assess the premises:

Have any structural or physical changes been made since the last building consent and Code Compliance Certificate were issued? YES/NO

Are any structural or physical changes proposed? YES/NO

Is there a Change of Use to the building or proposed Change of Use to the premises? E.g.: residential garage to hairsalon? YES/NO

If yes to any of the above questions please provide details of the changes.

I _____ apply for a
Hairsalon license and enclose the requisite fee of \$ _____

Signed: _____ Dated: _____

Note:

New licenses applied for 1 July to 31 December – 100% of annual fee
New licenses applied for 1 January to 30 June – 50% of annual fee

Office Use only

Building Team Check

Approved by:..... Dated

Accessible toilets required Yes No Not applicable

Planning Team Check

Approved by: Dated

Licence Number

Customer Number

Valuation Number
