*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 |  | | |
| Postal 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 to commercial activity? YES/NO

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

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How do you intend to manager wastewater disposal?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Funeral Premises license.

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 …………………..………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_