

SERVICE CENTRES:	Rolleston Norman Kirk Drive Ph: (03) 347-2800	Lincoln Gerald Street, Lincoln Ph: (03) 325-3288	Leeston High Street, Leeston Ph: (03) 324-8080	Darfield South Terrace, Darfield Ph: (03) 318-8338
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**HEALTH ACT 1956 AND REGULATIONS THERE UNDER
APPLICATION FOR REGISTRATION OF LICENSED PREMISES AND ACTIVITIES**

FULL NAME OF APPLICANT: _____

TRADING AS: _____

CONTACT NAME (If not the same as above): _____

SITE ADDRESS OF PREMISES: _____

POSTAL ADDRESS: _____

DAYTIME CONTACT TELEPHONE NUMBER(S): _____

EMAIL: _____

PREFERRED METHOD FOR RECEIVING INVOICES: ☐ Postal Delivery ☐ Email

PURPOSE FOR WHICH REGISTRATION IS REQUIRED, NAMELY:

1. **HAIRDRESSERS PREMISES PURSUANT TO HEALTH (HAIRDRESSERS) REGULATIONS 1980.** Specify Details: No. of Sites / No. of back wash basins / service chairs etc.

2. **CAMPING GROUND PURSUANT TO CAMPING-GROUNDS REGULATIONS 1985** – Specify Details: No. of Sites / toilets / showers / kitchens etc.

3. **OFFENSIVE TRADES PURSUANT TO HEALTH ACT 1956** – Specify Details: No. of Sites / Skinning plant / effluent disposal / septic tank services etc.

4. **FUNERAL DIRECTORS PURSUANT TO HEALTH (BURIAL) REGULATIONS 1946** – Specify Details: No. of Sites / Chapel of Rest / mortuary services offered etc.

APPLICATION FEE ENCLOSED: \$ _____ **REFERENCE NUMBER:** _____

NUMBER OF STAFF ENGAGED: MALES: _____ **FEMALES:** _____

VALUATION NUMBER _____

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT - Signed: _____ **Date:** _____