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| **Application for Licence or Registration**  ENVIRONMENTAL SERVICES |

**Made under the Health Act 1956 and the Regulations and Bylaws pursuant to the Act**

**Complete all sections**

*Send or deliver your application to:* ***Environmental Protection Department, Private Bag 601,***

***175 Rimu Road Paraparaumu. For enquiries phone 04 296 4700.***

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| Business details |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New business: | Yes |  | No |  | Change of occupier: | Yes |  | No |  |

|  |  |
| --- | --- |
| Street address of premises: |  |

|  |  |
| --- | --- |
| Suburb: |  |

|  |  |
| --- | --- |
| Trading name: |  |

|  |  |
| --- | --- |
| Type of business (for which licence or registration is sought): |  |

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| --- |
| Applicant details |

|  |  |
| --- | --- |
| Full names of owners or company: |  |

|  |  |
| --- | --- |
| Postal address for all correspondence: |  |

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| --- | --- | --- | --- | --- | --- |
| Phone: (day) |  | (night) |  | (mobile) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Fax: |  | Email: |  |

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| --- |
| Other details |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of staff: |  | Number with Food Hygiene Training Certificates (attach copies): |  |

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|  |  |
| --- | --- |
| Starting date (for new business or change of occupier): |  |

|  |  |
| --- | --- |
| Contact person or manager: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant and capacity: |  | Date: |  |