**Application for Renewal of Registration of Hairdresser**

***You must lodge your application for renewal of registration with Council, along with the annual fee, before your current licence expires.***

*This is a requirement under the Health (Hairdressers) Regulations 1980 and the Health (Registration of Premises) Regulations 1966.*

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| Applicant details |

|  |  |
| --- | --- |
| Name of applicant:**(company or sole trader)** |  |
|  |  |
| Trading name: |  |
|  |  |
| Postal address:  |  |
|  |  |
| Location: |  |
|  |  |
| Manager: |  |
|  |  |
| Contact numbers: | Phone: Mobile:  |
|  |  |
| Email: |  |
|  |  |
| Name: |  |
|  |  |
| Date: |  |
|  |  |
| Signature: |  |

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| Submitting applications |
| Email completed forms to: health@kapiticoast.govt.nz**Post to:** **or deliver to:**Environmental Health TeamKāpiti Coast District Council Kāpiti Coast District CouncilPrivate Bag 60601 175 Rimu RoadParaparaumu 5254 Paraparaumu |

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| Office use only |
| *I have inspected these premises and consider them suitable for registration.* |
| Environmental Health Officer: |  |
|  |  |
| Date: |  |
|  |  |
| Signature: |  |
|  |  |
| Licence Number: |  |
|  |  |
| Debtor Number: |  |
|  |  |
| **Receipt:** |  |