**Application for Registration of Hairdresser**

***You must lodge your application for registration along with the annual fee within 14 days of commencing trade.***

*This is a requirement under the Health Act 1956, Health (Registration of Premises) Regulations 1966 and Health (Hairdressers) Regulations 1980.*

|  |  |
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| £ New business | £ Transfer of ownership |

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| Applicant details |

|  |  |
| --- | --- |
| Name of applicant:**(company or sole trader)** |  |
|  |  |
| New Zealand Business No. (NZBN) if applicable: |  |
|  |  |
| Trading name: |  |
|  |  |
| Postal address:  |  |
|  |  |
| Location:**(or vehicle registration if mobile premise)** |  |
|  |  |
| Manager: |  |
|  |  |
| Contact numbers: | Phone: Mobile:  |
|  |  |
| Email: |  |

|  |  |
| --- | --- |
| Business details |  |
|  |  |
| Proposed opening date: |  |
|  |  |
| Number of staff: |  |
|  |  |
| Home occupation: | Yes **£** | No **£** |
|  |  |
| Number of cutting chairs: |  |
|  |  |

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| --- |
| Applicant signature (or Agent of business/company) |
|  |  |
| Name: |  |
|  |  |
| Date: |  |
|  |  |
| Signature: |  |
| **£ Attach site plan showing fit-out details****£ Attach proof of payment** |

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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: |  |
|  |  |
| Registration Number: |  |
|  |  |
| Debtor Number: |  |
|  |  |
| **Receipt:** |  |