**Application for Renewal of Registration of Funeral Director**

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

*This is a requirement under the Health (Burial) Regulations 1946.*

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| Applicant details |

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| --- | --- |
| 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:** |  |