

APPLICATION FOR REGISTRATION OF HAIRDRESSING PREMISES

HEALTH (REGISTRATION OF PREMISES) REGULATIONS 1966

Name of Occupier (Company, Partnership, Proprietor(s) name(s)):

Trade Name (if different to above):

Address of Premises:

Phone: _____ Email _____

Postal Address (if different from above):

APPLICATION FEE TO BE ENCLOSED:

\$ 140.00

I / We hereby apply for registration of the above premises for the above purposes.

Signed: _____ Date: _____

Full name and authority of person signing:

Office Use Only	
Environmental Health Officer	Customer Service Officer
Registration Approved:	Fee Code: LODGEMENT PREG PREG
Certificate No:	Fee Received:
Date Issued:	Receipt No:
Signature:	Date:

KAWERAU DISTRICT COUNCIL, PRIVATE BAG 1004, KAWERAU 3169
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