

REGISTRATION OF PREMISES

Application Form

Please return your application to the local council where your business resides. Address details overleaf.

Business Details New Business Yes No

Full name of applicant(s) or company name:

Trading name:

Address of premises:	Postal address (if different):
<input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	Mobile: <input type="text"/>
Fax: <input type="text"/>	Email: <input type="text"/>

General purpose of premises (please complete further details on page 2):

Managers name

Proposed opening date / /

Number of staff

Max occupancy (for hairdressers & campground)

Toilet Numbers: Urinal stalls Male toilets Female toilets Wash hand basin

Unisex Staff Only Accessible

scale (1:50) floor plan attached of the proposed premises, detailing all floor, wall and ceiling surfaces and essential features referred to in the application procedures

Application fee (new only) \$

Registration or Transfer fee \$

Total fee payable \$

Signature of applicant or agent of business/ company:

Date

OFFICE USE ONLY:		NCS No. <input type="text"/>
Medical Officer of Health approval required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Approved, date: <input type="text"/> / <input type="text"/> / <input type="text"/>		
<input type="checkbox"/> Declined <input type="checkbox"/> Hold		
Conditions to be imposed: <input type="checkbox"/> Yes (please list overleaf) <input type="checkbox"/> No		
Category classification (please tick ✓):	<input type="checkbox"/> FD <input type="checkbox"/> OT	
	<input type="checkbox"/> CG <input type="checkbox"/> HD	
EHO <input type="text"/>	CC to Trade Waste Officer: <input type="checkbox"/> Yes, date: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> No	
Inspection months (please tick ✓):		
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar
<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept
<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
Building Approval <input type="checkbox"/> Yes <input type="checkbox"/> No		Planning Approval <input type="checkbox"/> Yes <input type="checkbox"/> No

