



WAIROA DISTRICT COUNCIL

PO Box 54 WAIROA - Telephone (06) 838-7309 - Facsimile (06) 838-8874

Application for New Health Licence

As required by the Health Act 1956 and Regulations made thereunder, you are required to register your premise. Please supply the following information:

PLEASE PRINT CLEARLY IN BLOCK CAPITALS:

1. Name by which premises are commonly known:

2. Location of premises (show street number, NOT P.O. Box):

3. Type of business conducted on premises: (e.g. dairy, ancillary premises):

4. Name of owner of premises:

5. Managers Name: _____

Signature: _____

Postal Address: _____

Phone Number: () _____

NOTES:

- All certificates of Registration expire on 30 June of each year.
- The certificate of Registration must be displayed conspicuously in a public part of the premises.

Please complete this application and return to:

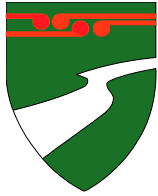
Wairoa District Council
P.O. Box 54
Wairoa

OFFICE USE ONLY

Approved: _____ Date: _____ DRS No: _____

Fee CD: _____ Bus Act: _____ Bus cd: _____

Licence No / File No: _____ Inv No: _____



WAIROA DISTRICT COUNCIL

PO Box 54 WAIROA - Telephone (06) 838-7309 - Facsimile (06) 838-8874