



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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APPLICATION FOR NON-FOOD HEALTH LICENCE

As required by the Health Act 1956 and regulations made thereunder, you are required to register your premise.

Completing this form

Please note, 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 answer all questions fully.

Applicant

Name of Owner of Premises _____
Name Manager _____
Postal Address _____
_____ Post Code _____
Email Address _____
Phone Number _____

Premises Details

Name by which premises are commonly known

Location/Physical Address _____
_____ Post Code _____

Type of business conducted on premises (*other than food business which must be registered under the Food Act 2014*)

Application & Declaration

The Council relies on the information contained in this application being complete and accurate. The Applicant must take all reasonable steps to ensure that it is complete and accurate and accepts responsibility for information in this application being so.

Signature Applicant _____
Full name Applicant _____
Date _____

WDC Office Use Only

Approved _____

Date _____

DRS No. _____

Fee CD _____

Bus Act _____

Bus CD _____

Licence/File No. _____

Invoice No. _____