

Transfer of Health Registration



South Waikato District Council
Torphin Crescent
Private Bag 7
TOKOROA 3444

Telephone: 07 885 0340
Email: Environmental.Health@southwaikato.govt.nz
Website: www.southwaikato.govt.nz

Licensing Year:

Fee:

\$290

Please complete all sections of this application form and return with the prescribed fees. Please be careful and thorough when completing this form and ensure that the information is correct as *considerable delays may result if the application is not completed accurately*. Please print all information clearly.

Premises Details

Trading Name of Premises:

Legal Name of Premises:
(If different from Trading Name)

Street Location of Premises:
*(For Mobile Shop licences,
please include vehicle
registration number)*

Type of Business:

Full Name of Manager:

Applicant Details

Full Name of Applicant:

Status of Applicant:

Owner

Partner

Manager

Postal Address:

Telephone:

Email:

I apply for Registration to operate the premises named above. I declare that all information provided above is true and correct.

Signature of Applicant:

For Office Use

Licence No:

Debtor No:

Receipt No:

Date: