



# Application for Health Registration & Transfer of Health Registration

Health Act 1956

**NEW HEALTH REGISTRATION**

**TRANSFER OF HEALTH REGISTRATION**

Give name of previous applicant and trading name

## APPLICANT DETAILS

Applicant is the legal entity of the business

Sole Trader

Partnership

Limited Liability Company

Other – please Specify

Applicant Name (E.g. Ltd Company Name)

Contact Name

Postal Address

Email

Phone number

## PREMISES DETAILS

Trading Name

Site Address

(Mobile Vehicle please provide Make, Model & Number Plate)

Phone number

Date you intend to Open/Take over the business

## PREMISES TYPE

Hairdresser

Funeral Director

Campground

Offensive Trade

Saleyard

## REGISTRATION FEES

### NEW REGISTRATION

Hairdresser, Funeral Director,  
Campground, Saleyards

\$230

Offensive trade

\$400

The fees are charged according to the number of inspections required for premises each year under the Health Act 1956. The fee must be paid in full once each year and is invoiced for 30 June. Any questions about this form please contact the Environmental Health Officer at the Stratford District Council on (06) 765 6099.

**ADDITIONAL DETAILS**

Please supply the following information with this application.

**Premises** Floor/site plan**Registration Fee** The application fee of \$  is enclosed with this application**Application Declaration**

I understand that the Council will send out all invoices for fees and all correspondence related to the application to the holder of the registration i.e. the applicant.

I confirm that the information provided on this application form is true and correct.

Signature

Date

Name

**OFFICE USE ONLY**

OFFICE USE ONLY		
Date Received	File Reference	Application #
Received by	Document #	Receipt #
Property ID	Registration #	Amount Paid