



Application for Health Registration

Health Act 1956 and Health (Registration of Premises) Regulations 1966

<input type="checkbox"/> New Health Registration				
<input type="checkbox"/> Transfer of Health Registration		Previous applicant and trading name: _____		
Applicant details				
Applicant name:		_____		
Postal address:		_____		
Contact person:		_____		
Phone number:		_____		
Email address:		_____		
Premises details				
Trading name:		_____		
Physical address:		_____		
Business phone:		_____		
Premises type				
<input type="checkbox"/> Hairdresser	<input type="checkbox"/> Camping Ground	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Saleyard	<input type="checkbox"/> Offensive Trade
Applicants declaration				
I declare that all information supplied on this form is true and correct <input type="checkbox"/>				
Signature:		Date:		_____
Name (printed):		_____		
Attachments				
Floor plan		Include details relating to: <ul style="list-style-type: none">• Fixtures• Fittings• Lighting and ventilation• Water supply and drainage• Floor, wall and ceiling surfaces• Work surfaces• Storage and staff areas• Waste and rubbish		
Notes				
Return the completed form, floor plan and application fee to: Environmental Health Officer Stratford District Council 61-63 Miranda Street PO Box 320 Stratford 4352			For further information: Contact the Environmental Health Officer at Stratford District Council by phone, (06) 765 6099.	
Office use only				
Approved by Environmental Health Officer			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:		Date:		_____