

Application for Health Registration

Health (Registration of Premises) Regulations 1966 – Non-Food – LIC-001

DETAILS OF APPLICANT			
Applicant Full Name			
	(Full name or Company Name)		
Postal Address			
DETAILS OF PREMISES			
Trading Name			
	(This is the name of your business is known by)		
Location			
CONTACT PERSON			
Full Name			
Daytime Phone		Mobile	
Email			
APPLICATION FOR			
<input type="checkbox"/>	Change of Ownership of an Existing Business	No Charge	
	Existing Licence Number : LIC		
<input type="checkbox"/>	A New Business	What is the proposed opening date?	
	Purpose of New registration – please select the type of premises		
<input type="checkbox"/>	Offensive Trade		\$322.00
	Specify:		
<input type="checkbox"/>	Hairdresser		\$241.00
	<input type="checkbox"/> Salon	<input type="checkbox"/> Home Occupation	
<input type="checkbox"/>	Camping Ground		\$322.00
	(Please supply a Plan as required by the Camping Ground Regulations 1985 – Regulation 4)		
<input type="checkbox"/>	Saleyard		\$160.00
<input type="checkbox"/>	Funeral Director		\$160.00
Signature:		Date:	
(Note: Registrations fall due on 31 December each year)			
OFFICE USE			
Area office stamp	Records	Licence No: LIC-	
		RM8 File:	
		Fee: Cash/Chq/Credit/DD/EFT	
	Doc No:	Fee \$322.00 \$241.00 \$160.00	