



To: *Environmental Health Section  
Invercargill City Council  
Private Bag 90104  
INVERCARGILL*

*Telephone (03) 211 1777  
Facsimile (03) 211 1431*

**APPLICATION FOR REGISTRATION OF PREMISES  
OR  
TO HAVE CHANGE OF OCCUPANCY NOTED**

**HEALTH (REGISTRATION OF PREMISES) REGULATIONS 1966**

I/We .....  
*(persons or company to be named on certificate)*

of .....  
*(postal address)*

hereby apply for the registration of premises situated at:

.....  
*(street address/location)*

trading as .....

**Type of Premises – Please tick**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Bakehouse /Cake Kitchen | <input type="checkbox"/> Delicatessen       | <input type="checkbox"/> Milk / yoghurt sales |
| <input type="checkbox"/> Processing meat / fish  | <input type="checkbox"/> Retail meat / fish | <input type="checkbox"/> Auction Mart         |
| <input type="checkbox"/> Pre-package Food Only   | <input type="checkbox"/> General Groceries  | <input type="checkbox"/> Liquor Sales         |
| <input type="checkbox"/> Eatinghouse             | <input type="checkbox"/> Takeaways          |   |
| <input type="checkbox"/> Other _____             |   |   |

Daytime contact telephone number: .....

Contact Person: .....

Enclosed, please find fees payable totalling \$ \_\_\_\_\_

- Fees: \$40.00 (GST inclusive) - Change of Ownership  
 \$231.50 (GST inclusive) Registration Fee  
 \$275.00 (GST inclusive) New Premises (includes 1<sup>st</sup> inspection fee)

**Applicant's Signature:** ..... **Date:** .....

*OFFICE USE ONLY*

Licence Number: ..... LC .....

EHO Comment.....

.....

Signature ..... Date ..... Formatted No..... / ..... / .....

Entered  .....

Approved  .....