



Application for Registration of Premises

Health (Registration of Premises) Regulations 1966 - Regulation 4

P/_____/____

I wish to apply for a **New** / **Renewal** of premises registration for year ending 30 June _____.

Full name of applicant(s)

Name of business

Description of business operation

Business postal address

Street address of premises

Legal description

Lot	DPS
-----	-----

Contact telephone details

Daytime:		After hours:		Mobile:	
----------	--	--------------	--	---------	--

Email address

Signature(s) of owner(s)

Registration fee:

- \$300.00 Incl GST - Hairdressers and Mortuaries
- \$390.00 Incl GST - Camping Grounds

Payment Details

You can pay by post, at any area office or deposit directly into the bank account. **Post** - Private Bag 12803, Tauranga Mail Centre, Tauranga 3143 or **Area office** Barkes Corner, Te Puke, Katikati, Omokoroa or Waihi Beach or **Deposit** to ANZ Tauranga 010434 0180600 00, please enter the reference **PREM** and your **COMPANY NAME**.

You can email your application or any questions to premise@westernbay.govt.nz or post to the above mentioned address or drop it off at one of the above mentioned area offices.

GL Code: 50 04 03 3540

Receipt #: _____

Date Paid: _____