WAIRARAPA COUNCILS ***CARTERTON DISTRICT COUNCILS





REGISTRATION OF PREMISES

Application Form

Please return your application to the local council where your business resides. Address details overleaf.

Business Details	New Business Yes No
Full name of applicant(s) or company name:
Trading name:	

Address of premises:	Postal address (if different):
Telephone:	Mobile:
Fax:	Email:
General purpose of premises (please complete further deta	nils on page 2):
Managers name	
Proposed opening date Number of staff	Max occupancy (for hairdressers & campground)
Toilet Numbers: Urinal stalls Male toilets Unisex Staff Only	Female toilets Wash hand basin
scale (1:50) floor plan attached of the proposed prem surfaces and essential features referred to in the appl	
Application fee (new only) \$	Signature of applicant or agent of business/ company:
Registration or Transfer fee \$	
Total fee payable \$	ate
OFFICE USE ONLY: Medical Officer of Health approval required? Yes No Approved, date: / Declined Hold Conditions to be imposed: Yes (please list overleaf) No Category classification FD OT (please tick ✓): CG HD	CC to Trade Waste Officer: Yes, date: / / No Inspection months (please tick ✓): Jan Feb Mar April May June July Aug Sept Oct Nov Dec Building Approval Yes No Planning Approval Yes No



Holloway Street, Carterton P.O. Box 9, Carterton 5743

t: 06 379 4030

e: info@cdc.govt.nz



161 Queen Street
PO Box 444, Masterton 5840
t: 06 370 6300
e: health@mstn.govt.nz



19 Kitchener Street Martinborough 5711 PO Box 6, Martinborough 5741

t: 06 306 9611

e: enquiries@swdc.govt.nz

Conditions	s to be III	iposed:		
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				_

Please indicate the purpose you are seeking this registration

OFFENSIVE TRADE (No scale plan required)				
Fish	cleaning			
Refus	se collection and disposal			
Septi	c tank desludging/disposal of sludge			
Stora	nge, drying or preserving of bones, hides, skin or hoofs			
Colle	ction and storage of used bottles			
CAMPING GROUND (I have attached a plan of the camping ground)				
FUNERAL DIRECTOR				
HAIRD	HAIRDRESSER			