



Application for Registration of a Camping Ground

(Pursuant to the Health Act 1956, Health (Registration of Premises) Regulations 1966, and Camping Ground Regulations 1985)

New Application Re-registration Transfer of ownership

INFORMATION FOR THE APPLICANT

- **Camp Plan:** A copy of your camp plan is to be submitted to this office as required by the Camping Ground Regulations 1985, Regulation 4. Applies to new applications and if changes to your facilities have occurred since last registration.

Trading Name: _____

Legal Name(s) of Operator: (e.g. registered company, partnership or individual)

Location of Property: _____

Postal Address: _____

Email: _____ Telephone: _____

Contact Persons Details: (The contact person details entered below will be used for communications about your registration, such as arranging inspections and renewal reminders)

Name: _____ Designation: _____

Postal Address: _____

Email: _____ Telephone: _____

Please contact Waitaki District Council Environmental Health Team if any details change

Signature of Applicant: _____ Date: _____

Payment Options

Cash/Eftpos

Bank transfer to account 02 0940 0156400 00

Particulars: Name, Code: Camp, Reference: Invoice Number

Visa/Mastercard by phone 03 433 0300 (Note: Credit cards have a 1.5% surcharge)

OFFICIAL USE ONLY

Application for Registration Form Received: _____ (date and initial) Amount Paid \$: _____

Receipt Number: _____ Approved/Declined Signature (E.H.O): _____ Date: _____

Authority Register updated _____ Certificate Issued _____