

Application for Registration of an Offensive Trade

(Pursuant to the Health Act 1956 and Health (Registration of Premises) Regulations 1966)

New Application Re-registration Transfer of ownership

| Applicant details | |
|---|--|
| Legal name of operator (e.g. registered Company, partnership or individual) | |
| Postal address | |
| Email | |
| Telephone | |

| Premise details | |
|--|--|
| Trading name of premise | |
| Premise address | |
| Postal address (if different to above) | |
| Business telephone number | |
| Business email | |
| Contact name | |
| Contact's designation | |

Note: If a premise is sold the new operator must advise of the change of ownership by completing a transfer on this application form. If you no longer wish to trade, you are required to notify Waitaki District Council.

| | | |
|---|---|--|
| <input type="checkbox"/> Blood or offal treating | <input type="checkbox"/> Bone boiling or crushing | <input type="checkbox"/> Dag crushing |
| <input type="checkbox"/> Fell mongering | <input type="checkbox"/> Fish cleaning | <input type="checkbox"/> Fish curing |
| <input type="checkbox"/> Tanning | <input type="checkbox"/> Wool scouring | <input type="checkbox"/> Tallow melting |
| <input type="checkbox"/> Flax pulping | <input type="checkbox"/> Wood pulping | <input type="checkbox"/> Refuse collection and disposal |
| <input type="checkbox"/> Gut scraping and treating | <input type="checkbox"/> Night soil collection and disposal | <input type="checkbox"/> Collection – storage of used bottles for sale |
| <input type="checkbox"/> Slaughtering of animals for any purpose other than human consumption | | |
| <input type="checkbox"/> Storage, drying or preserving of bone, hides, hoofs or skins | | |
| <input type="checkbox"/> Septic Tank de-sludging and sludge disposal | | |
| <input type="checkbox"/> Flock manufacturing or teasing of textile materials for any purpose | | |

| Payment Options | |
|--|--|
| <input type="checkbox"/> Cash/Eftpos | |
| <input type="checkbox"/> Bank transfer to account 02 0940 0156400 00 Particulars: Name Code: Offensive Reference: Invoice Number | |
| <input type="checkbox"/> Visa/Mastercard by phone 03 433 0300 (note: Credit cards have a 1.5% surcharge) | |

Please check and complete details, sign, date and return with payment.

| Signed | Date |
|--------|------|
| | |

| OFFICIAL USE ONLY |
|---|
| Application for Registration Form Received: |
| Amount Paid: |
| Receipt Number: |
| Date: |
| Authority Register Updated: Y/N |
| Certificate Issued: Y/N |