

Application For Registration of a Saleyard



Information & Registration Type

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

Application Type
(Select one option)

New Application

Re-registration

Transfer of Ownership

Applicant Details

Legal name of operator (e.g. Registered Company, Partnership or Individual)

Postal Address

Phone Number

Email Address

Premise Details

Trading Name

Premise Address

Postal Address (If different to above)

Business Phone

Business Email

Contact Name

Contact 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.

Payment Options & Signature

Payment Method
(Select one option)

Cash/EFTPOS

Bank Transfer

(02 0940 0156400 00 - name/SALEYARD/invoice number)

Credit Card

(Credit Cards have a 1.5% surcharge, please phone 03 433 0300 to use)

Date

Signature

Please return this form to Waitaki District Council, 20 Thames Street, Oamaru 9444 or post/email to:

Waitaki District Council
Private Bag 50058, Oamaru 9444

regulatory@waitaki.govt.nz
(03) 433 0300