



Application for a Mobile Shop or Itinerant Trader Permit Health (Registration of Premises) Regulations 1966 and Waitaki District General Bylaw 2018

□ New Applicati	ion	☐ Re-registration				
SECTION ONE: APPLICANT DETAILS						
Applicant details						
Legal name of operator (e.g. registered						
Company, partnership or individual)						
Full Name						
Business/Society name						
Trading As						
Contact address						
Email						
Telephone	Mobile					
SECTION TWO: PROPOSED TRADE ACTIVITY 1. Please specify the goods or services you plan to trade/sell:						
	D, PLEASE ANSWI	ER QUESTION 2 BELOW, OTHERWISE SKIP				
TO SECTION THREE.2. Please provide your Council or Ministry for Primary Industries (MPI) New Zealand Food Safety Business Registration Number:						
SECTION THREE: PROPOSED TRADE	LOCATION					
Before you complete this section, please re Information for trading in the Waitaki Distri		nop and Itinerant Trader Guidelines and Contact				
1. Please advise the specific location(s) i	n which you are pla	unning to trade:				

2. Please attach a map pinpointing the proposed trade location(s) you have listed above.

3.	Please tick the option below that most closely defines your proposed trade location:							
	On the roadside or grass berm In a court, alley, lane, access way or other thoroughfare							
4.	Are you proposing to tr	ade in front of or adja	acent to	o another business?	(Please circle)			
Ye	Yes No							
5.	5. If yes, have you spoken with that business about your planned trade activity? (Please circle)							
Ye	s No							
•	ou are planning to trac reement from that busin			_	•			
6.	6. Refer to the Waitaki District Plan – www.waitaki.govt.nz/Services/Planning-and-Resource-Consents/District-plan/Current-District-Plan							
Wh	nat zone is your propose	d location(s) in? (Ple	ease ti	ck the applicable bo	x)			
	Residential	□ Rural	□ C	ommercial	☐ Other (plea	ase specify below)		
coi Pla	rour planned trading loca nsent before trading. Th anning Department prior email planningenquiries	nis involves a separat to submitting your lic	te appl	ication process – we	e recommend yo	u discuss with ou		
7.	Will you be trading out	of a vehicle? (Please	e circle	:)				
Ye	s No							
If yes, please complete the following:		If no, please advise how you plan to present your goods (e.g. stall, table):						
	ehicle type: ehicle							
R	egistration							
N	umber:							

2E	CHON FOUR: DURATION AND HOURS OF TRADE ACTIVITY					
1	What are your proposed days/hours of operation?					
СН	ECKLIST					
Bef	fore submitting this application, please ensure you have:					
	Completed all sections of this application.					
	Attached a map pinpointing your proposed trade location.					
	Attached a letter of support from other business(s), if your proposed trade location is in front of or adjacent to their premises.					
	☐ Discussed your proposal with the Planning Department Duty Officer if your proposed trade location is in a residential, rural, or recreational zone.					
I/W/ 201 to ti	CLARATION The hereby apply for a Mobile Shop or Itinerant Trader Permit under the Waitaki District General Bylaw 18. I/We also confirm that I/We understand my/our obligation to notify WDC should I/We no longer wish rade, or the business undergoes a change of ownership. I/We also acknowledge that the issuing of this mit is conditional upon payment of applicable fee.					
Si	gned Date					
PLEASE SELECT A PAYMENT OPTION BELOW AND EMAIL THE COMPLETED FORM TO: Regulatory@waitaki.govt.nz						
	ayment Options Cash/Eftpos					
	□ Bank transfer to account 02 0940 0156400 00					
	Particulars: Name Code: Mobile Reference: Invoice Number ☐ Visa/Mastercard by phone 03 433 0300 (note: Credit cards have a 1.5% surcharge)					
	visa/iviastercard by priorie 05 455 0500 (note: Credit cards have a 1.5 % surcharge)					
OF	FFICIAL USE ONLY					
Ap	oplication for Registration Form Received:					
	mount Paid:					
	eceipt Number:					
_	ate: uthority Register Updated: Y/N					
	ertificate Issued: Y/N					