



## 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                       Cheque payable to Waitaki District Council

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 \_\_\_\_\_