



Application for Registration of a Hairdressers Premises

(Pursuant to the Health Act 1956, Health (Registration of Premises) Regulations 1966, and Health (Hairdressers) Regulations 1980)

New Application Re-registration Transfer of ownership

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: _____

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: Hair, 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 _____