



Application for Registration of an Offensive Trade

(Pursuant to the Section 54 of the Health Act 1956, and the Health (Registration of Premises) Regulations 1966)

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 audits and renewal reminders)

Name: _____ Designation: _____

Postal Address: _____

Email: _____ Telephone: _____

Purposes for which the business is registered *(Please select all appropriate categories)*

<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		

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: Offensive, Reference: Invoice Number

Visa/Mastercard by phone 03 433 0300 (Note: Credit cards have a 1.5% surcharge)