

**Health Licence Application**  
**for the period ended 31.7.2017**

As required by the Health Act 1956 and Regulations made thereunder, the Health (Registration of Premises) Regulations 1966, Local Government Act 1974 and Rangitikei District Council bylaws, you are required to register your premise.

Please confirm the following information, and provide new details where necessary. Please print clearly in BLOCK CAPITALS.

1. Name of applicant:

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2. Postal address:

Phone:

Fax:

Cell Phone

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3. Trading name:

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4. Street location:

(For Mobile Shop licences, please include vehicle registration)

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5. Hours and Days of Operation:

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6. Type of business:

(For Mobile Shop licences, please include type of products/goods sold)

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7. Manager:

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8. Please return this completed application together with the appropriate fee of \$..... to Rangitikei District Council.

Signature of applicant: \_\_\_\_\_

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**Office Use Only**

I have inspected the above described premises and consider them suitable for registration.

Environmental Health Officer: \_\_\_\_\_

Licence No.:

Debtor No.:

Receipt:

Date:

**Staff Checklist**

Photo Identification Yes  No   
(sighted & photocopied)