

Application for Renewal of Registration of Premises

Health (Registration of Premises) Regulations 1966

Timaru District Consolidated Bylaw 2018

Please check and complete details, sign and return with payment. * *Mandatory fields to be completed*

Applicant Details	
[applicant name]	
[applicant address1] [applicant address2] [applicant address3] [applicant address4] [applicant address5]	
Email:	*

Premises Details	
Trading Name of Premises	[proposal]
Premises Address	[property address]
Postal Address (if different to above)	*
Business Telephone Number	*
Contact Name	*
Note: If a premise is sold the new operator must advise of the change of ownership by completing a transfer on this application form. If you no longer wish to trade you are required to notify Timaru District Council.	

Fees and Charges (Please Tick ✓ the "Type" of Premises to be Registered for 1 July 2023 to 30 June 2024)			
✓	Type		Cost
	Administration fee	Applies to all premises	\$78.75
	Charge Out Rate (per hour)	To apply to any activity that requires recovery of costs including monitoring consents that have had a noise level imposed as a condition, or food safety verification, or pre-opening inspection etc.	\$163.00 per hour
<input type="checkbox"/>	Health Protection Bylaw – Registration (Not Transferable) (e.g. skin piercing, tattooing, electrolysis, waxing, manicure / pedicure)		\$225.00
<input type="checkbox"/>	Public Swimming Pools or Public Spa Pools (renewal dates are 1 September 2023 to 31 August 2024)		\$220.00
<input type="checkbox"/>	Health Protection Bylaw – Registration (Not Transferable) make-up only		\$130.00
<input type="checkbox"/>	Camping Ground		\$315.00
<input type="checkbox"/>	Funeral Director		\$225.00
<input type="checkbox"/>	Hairdresser		\$193.00
<input type="checkbox"/>	Offensive Trade		\$225.00
<input type="checkbox"/>	Transfer Fee		\$110.00

Vehicle Information (only applicable for a street trader or mobile food premises)	
Type of Vehicle:	Registration No:

Signed *	Date *
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FOR OFFICE USE ONLY	Licence No: [document type].[document year].[document number].[document part]		
Fee:	[fees ALL unpaid totinc]	Received date:	
Receipt type:	100	Receipt No:	