

Application for Registration of Premises

Health (Registration of Premises) Regulations 1966 Please check and complete details, sign and return with payment.

Applican	t details								
Legal name of operator (e.g. registered company, partnership or individual)									
Postal address									
Email									
Premise	details								
Trading r	name of premises								
Premises	addresses								
Postal ad	ddress (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.									
Environmental Health Fees and Charges									
The following fees and charges shall apply to all Environmental Health applications for the period 1 July 2023 to 30 June 2024. It									
is Council policy to recover all fair and reasonable costs associated with processing of applications, administration, supervision									
and monitoring of Environmental Health Services in accordance with Section 7 of the Health (Registration of Premises)									
Regulation	ons 1966.								
Fees and	Charges (Please T	Tick √the "T	ype" of Premises t	to be Registered fo	r 1 July 2023 to	30 June	2024)		
>	Туре							Cost	
	Administration fee A		Applies to all prem	pplies to all premises					\$80.00
	Charge Out Rate (per hour) T		o apply to any activity that requires recovery of costs including					\$160.00	
			nonitoring consents that have had a noise level imposed as a condition,					per hour	
			or food safety verification, or pre-opening inspection etc.						
	Health Protection Bylaw – Registration (Not Transferable)							\$225.00	
1	(e.g. skin piercing, tattooing, electrolysis, waxing, manicure / pedicure)							4	
<u></u>	Camping Ground							\$350.00	
	Hairdresser Offensive Trade							\$160.00	
	Offensive Trade								\$310.00
C'ana a d	*						Date	*	
Signed	*						Dute		
FOR OFFICE USE ONLY Licence No:		o:							
Fee:			Received date:						
		100		Receipt No:					
		NAR No.		Inv No. Emailed Date:					