



Application for Registration of Premises

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

| Applicant details | |
|---|--|
| Legal name of operator (e.g. registered company, partnership or individual) | |
| Postal address | |
| Email | |

| Premise details | |
|---|--|
| Trading name of premises | |
| Premises addresses | |
| 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. | |

| Environmental Health Fees and Charges |
|---|
| The following fees and charges shall apply to all Environmental Health applications for the period 1 July 2025 to 30 June 2026. 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) Regulations 1966. |

| Please Tick ✓ the "Type" of Premises to be Registered for 1 July 2025 to 30 June 2026) | | |
|--|---|-------------------|
| ✓ | Type | Cost |
| <input type="checkbox"/> | Health Protection Bylaw – Registration (Not Transferable) (e.g. skin piercing, tattooing, electrolysis, waxing, manicure / pedicure) | \$312.00 |
| <input type="checkbox"/> | Health Protection Bylaw – Registration (Not Transferable) make-up only | \$208.00 |
| <input type="checkbox"/> | Camping Ground Registration | \$390.00 |
| <input type="checkbox"/> | Offensive Trade | \$312.00 |
| <input type="checkbox"/> | Transfer Fee | \$140.00 |
| <input type="checkbox"/> | Re-inspection Fee | Cost plus mileage |
| | | |

| | |
|-----------------|---------------|
| Signed * | Date * |
|-----------------|---------------|

| FOR OFFICE USE ONLY | | Licence No: | |
|---------------------|---------|----------------|---------------|
| Fee: | | Received date: | |
| Receipt type: | 100 | Receipt No: | |
| Parcel No. | NAR No. | Inv No. | Emailed Date: |