

## ENVIRONMENTAL SERVICES

# Health Registration Application

To enable us to process your Health Registration Application, we require you to supply the following details:

Business name: \_\_\_\_\_

Location: \_\_\_\_\_

Business description: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Licensee name(s): \_\_\_\_\_

Postal address for documents: \_\_\_\_\_

Email: \_\_\_\_\_

Manager's name: \_\_\_\_\_

Owner of premises: \_\_\_\_\_

Owner's address: \_\_\_\_\_

**PLEASE NOTE** - A signature is not required if you submit this form electronically. By entering your name in the boxes throughout this form you are giving your authority for this application to proceed.

Owner's signature: \_\_\_\_\_

For application fees refer to the Registered Premises Fees and Charges on our [website](#).

I confirm that the details shown are correct.

Applicant name (print in full): \_\_\_\_\_

Signature: \_\_\_\_\_

Contact phone number: Day: \_\_\_\_\_ Mobile: \_\_\_\_\_

Should you have any enquiries, please contact the Environmental Services Unit at the Rangiora Service Centre.

Applications may be mailed to Waimakariri District Council, Private Bag 1005, Rangiora 7440, or submitted by email to [IM@wmk.govt.nz](mailto:IM@wmk.govt.nz)

Accepted methods of payment are either by cash, eftpos or internet banking. If you want to pay your application fee by internet banking, please email in your completed application to [IM@wmk.govt.nz](mailto:IM@wmk.govt.nz). Council staff will contact you by email with a reference number for payment. Processing of your application will commence once payment has been received.