Phone 0800 965 468

ENVIRONMENTAL SERVICES

Health Registration Application

confirm that the details shown are correct. Applicant name (print in full): Signature: Contact phone number: Day: Mobile:	To enable us to process your Health Registration Application, we r	require you to supply the following details:	
Business description: Hours of operation: Licensee name(s): Postal address for documents: Email: Manager's name: Dwner of premises: Dwner'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. Dwner's signature: For application fees refer to the Registered Premises Fees and Charges on our website. confirm that the details shown are correct. Applicant name (print in full): Signature: Contact phone number: Day: Mobile:	Business name:		
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Contact phone number: Day: Mobile:	Business description:		
Postal address for documents: Email: Manager's name: Dwner of premises: Dwner'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. Dwner's signature: For application fees refer to the Registered Premises Fees and Charges on our website. confirm that the details shown are correct. Applicant name (print in full): Signature: Contact phone number: Day: Mobile:	Hours of operation:		
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Owner's address: PLEASE NOTE - A signature is not required if you submit this form electronically. By entering your name in the boxes chroughout 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. confirm that the details shown are correct. Applicant name (print in full): Signature: Contact phone number: Day: Mobile:	Email:		
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Contact phone number: Day: Mobile:	Owner's address:		
For application fees refer to the Registered Premises Fees and Charges on our website. confirm that the details shown are correct. Applicant name (print in full): Signature: Contact phone number: Day: Mobile:	·		
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Applicant name (print in full): Signature: Contact phone number: Day: Mobile:	For application fees refer to the Registered Premises Fees and Charges on our <u>website</u> .		
Signature: Mobile:	I confirm that the details shown are correct.		
Contact phone number: Day: Mobile:	Applicant name (print in full):		
	Signature:		
Should you have any enquiries please contact the Environmental Services Unit at the Pangiera Service Centre	Contact phone number: Day: M	Nobile:	
bround you have any enquines, please contact the Environmental Services office the Nangiora Service Centre.	Should you have any enquiries, please contact the Environmental Serv	rices 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	Applications may be mailed to Waimakariri District Council, Private Baemail to IM@wmk.govt.nz	ag 1005, Rangiora 7440, or submitted by	
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. Council staff will contact			



has been received.