

ENVIRONMENTAL SERVICES

Health Registration Application Transfer of Ownership (The Health (Registration of Premises) Regulations 1966)*

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: _____

The non-refundable transfer fee is \$65.00.

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: _____

Applicant name (print in full): _____

Signature: _____

Contact phone number: Day: _____ Mobile: _____

Email: _____

Should you have any enquiries, please contact the Environmental Services Unit on 0800 965 486. This application may be emailed to IM@wmk.govt.nz, mailed to Waimakariri District Council, Private Bag 1005, Rangiora 7440, or submitted over the counter at any of our Service Centres. Accepted methods of payment for fees are cash, EFTPOS, and internet banking.

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***Excerpt from The Health (Registration of Premises) Regulations 1966**

3. *Application of regulations – These Regulations shall apply in respect of the registration of all premises and the renewal and revocation of any such registration.*
6. *Noting of certificate – within 14 days after any change in the occupation of premises the new occupier shall apply to the local authority to have the change noted in the record of registration and on the certificate of registration, which he/she shall produce for the purpose, and shall pay any fee payable in respect of such noting.*