

Application form

Contact details

Full name of applicant(s) or company name: _____

Trading name: _____

Address of premises: _____

Postal address (if different): _____

Telephone: _____ Mobile: _____

Fax: _____ Email: _____

General purpose of premises (please complete details on page 2): _____

Proposed opening date: ____/____/____ Applicant's signature: _____

| | | |
|--------------------------|----------|--------------------|
| Application fee payable | \$ _____ | Code 31 00 03 0359 |
| Registration fee payable | \$ _____ | Lodgement |
| Total fees owing | \$ _____ | |

OFFICE USE ONLY

Medical Officer of Health approval required? Yes / No If yes, date of approval: ____/____/____

Approved / Declined / hold: Yes / No

Conditions to be imposed: _____

Officer: _____ Date: ____/____/____

Category classification (please circle): FP cat__ UR cat__ OT__ FD CG HD AG

Inspection months (please circle): Jan | Feb | March | April | May | June | July | Aug | Oct | Nov | Dec

cc to Trade Waste Officer Yes / No: Fwdd on date: ____/____/____ Requires liquor inspection booked? Yes / No

Please indicate the purpose you are seeking this registration. (✓)

Food premises

- Grocery
- Retail sale of sandwiches, cakes or bakers' smallgoods
- Retail sale of milk & chilled dairy products
- Retail sale of ice
- Retail sale of ice-cream/frozen confections
- Retail sale of fruit or vegetables
- Retail sale of meat
- Retail sale of fish
- Retail sale of confectionary
- Delicatessen (*any premises used for the retail sale of cooked meat, cooked pastry containing meat, meat pies, meat pasties meat savouries, cooked poultry, cooked fish, smoked fish, fish pasties, fish savouries or similar cooked food*)
- Eatinghouse (*any premises where food is prepared on the premises for consumption on the premises*)
- Bakehouse (*any premises where bread, pastry, cakes or bakers' smallgoods are baked for sale*)
- Cake Kitchen (*any premises on which cakes, pastry, bakers' smallgoods or other similar foods are cooked for sale*)
- Butcher
- Manufacturer of food product(s) for retail sale elsewhere – specify type of food (continue on separate sheet if required)

Mobile shop

Please complete an application form for a mobile shop/hawker/itinerant trader.

Food safety training details

Please provide copies of food hygiene training certificates.

| Name | Qualification (e.g. NZQA Unit 167) | Year obtained |
|------|------------------------------------|---------------|
| | | |
| | | |
| | | |

Offensive trade

- Fish cleaning
- Refuse collection and disposal
- Septic tank desludging/disposal of sludge
- Storage, drying or preserving of bones, hides, skin or hoofs
- Collection and storage of used bottles

Camping ground

Funeral director

Hairdresser

Amusement gallery