

# Application Form - Registration of Food Premises



The Health (Registration of Premises) Regulations 1966  
Food Hygiene Regulations 1974

FP: _____
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## APPLICATION DETAILS

Name of Premises: \_\_\_\_\_

Premises Situated at: \_\_\_\_\_

Property Legal Description (or valuation #): \_\_\_\_\_

Company/Trust/Entity Name: \_\_\_\_\_

Contact Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Postal Address for Service of Documents: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Phone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Email Address: \_\_\_\_\_ (Fax) \_\_\_\_\_

## PURPOSE FOR WHICH REGISTRATION IS FOR

(Indicate in the box(es) provided which category(ies) your proposal relates to)

- Manufacture, preparation or packing of food, **namely** .....
- Eatinghouse; number of seats: .....
- Refreshment room (tearooms, sale of 'simple' foods; number of seats: .....
- Takeaway Premises - without  or with seats; number of seats: .....
- Butchery - sales of meat  and/or fish
- Dairy stores
- Occasional food premises (sale of food produced on land the premises occupies)
- Sale of Confectionery
- Delicatessen
- Fruit and vegetable shop (please state if only goods grown on site are to be sold  )
- Supermarket & Grocery stores (including butchery  deli  bakery  liquor  )
- Bakery
- Catering – Vehicle registration #: .....
- Mobile Self Contained – Vehicle registration #: .....
- Wholesale Storage and Repacking of food for: .....
- Food Stall
- Medical Officer of Health approval will be required as I/we intend to supply food to others for retail sale.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Commencement Date: .....

**Prescribed Fee: \$787**

This fee is a deposit only and covers time spent reviewing, commenting and verbally discussing both the plans and proposals associated with the application to register as well as one site assessment.

Any additional site assessments will be charged to the applicant at the Officer's hourly rate plus disbursements.

**Please complete and return with:**

- The prescribed fee
- The written proposal
- A detailed scale layout plan (x2)

**Contact Details:**

74 Shotover Street,  
Private Bag 50077, Queenstown 9348

**Phone:** 03-450-0300

**Fax:** 03-442-4778

**Email:** [enquiries@lakesenv.co.nz](mailto:enquiries@lakesenv.co.nz)