

# Application Form – Renewal of Registration



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

FP: \_\_\_\_\_

## 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, .....
- 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.

**Prescribe Fee:** \$390 (GST incl)

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

<b>Contact Details:</b>	
<b>Lakes Environmental Limited</b>	<b>Phone:</b> 03-450-0300
74 Shotover Street,	<b>Fax:</b> 03-442-4778
Private Bag 50077, Queenstown	<b>Email:</b> enquiries@lakesenv.co.nz