

Transfer of Registration of Food Premises



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

APPLICATION FORM

APPLICATION DETAILS

Previous Name of Premises: _____

New Name of Premises: _____

Premises Situated at: _____

Company/Trust/Entity Name: _____

Contact name of applicant: _____

Address of Applicant: _____

Postal Address for Service of Documents: _____

Name of Manager: _____

Phone Number: (Work) _____ (Home) _____

E-mail 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 Sale of Confectionary
- Delicatessen Bakery
- Fruit and vegetable shop (please state if only goods grown on site are to be sold)
- Supermarket & Grocery stores (including butchery deli bakery liquor)
- Catering – Vehicle registration #:
- Food Stall
- Mobile Self Contained – Vehicle registration #:
- Wholesale Storage and Repacking of food for
- Medical Officer of Health approval will be required as I/we intend to supply food to others for retail sale.

Signature of Applicant: _____

Date: _____

Prescribed Fee: \$55.00

<p>Contact Details: Lakes Environmental Limited 74 Shotover Street, Private Bag 50077, Queenstown 9348</p>	<p>Phone: 03-450-0300 Fax: 03-442-4778 Email: enquiries@lakesenv.co.nz Website: www.lakesenvironmental.co.nz</p>
---	--