



Transfer of Registration of Camping Ground Premises

The Health (Registration of Premises) Regulations 1966
The Camping-Grounds Regulations 1985

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(s) for which the premises are to be used (no. of tent sites, powered sites, cabins, lodges etc):

1. _____

2. _____

3. _____

Please complete and return with:

- the prescribed fee,
- a detailed scale site plan

(Proposal and scale plan not required if operation and layout of the premises is not altering)

Signature of Applicant: _____ Date: _____

Prescribed Fee: \$56.25 (GST incl)

Contact Details:	
Queenstown Lakes District Council	Phone: 03-441 0499
10 Gorge Road	Fax: 03-450 2223
Private Bag 50072, Queenstown	E-mail: services@qldc.govt.nz