



Transfer of Registration of Hairdressing Premise

The Health (Registration of Premises) Regulations 1966
Health (Hairdressers) Regulations 1980

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 which category/categories your proposal relates to)

- Hairdressing Premise
- Mobile Hairdressing – Vehicle registration #:

Signature of Applicant: _____ Date: _____

Prescribed Fee: \$55.00 (cheque / cash only)

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