



Application Form – Renewal Registration of Hairdressers

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

HD: _____

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.)

Hairdresser: number of cutting stations:

Mobile Hairdresser – Vehicle registration:

Signature of Applicant: _____

Date: _____

Prescribed Fee: \$337.00(GST incl) – see invoice attached

Failure to return the above application form together with the prescribed fee within 30 days of the due date will incur a 10% penalty fee.

If you are a new proprietor you must complete a transfer of registration form

Contact Details:

Queenstown Lakes District Council

10 Gorge Road

Private Bag 50072, Queenstown 9348

Phone: 03-441 0499

Fax: 03-450 2223

E-mail: services@qldc.govt.nz