

# Application for registration or licence of premises



## Health (Registration of Premises) Regulations 1966

### This application is for

- New
- Renewal registration/licence number:

NB: Mobile licensees and health protection licensees cannot transfer ownership. New owner must apply for new licence.

### Applicant details

Full name of applicant/company:

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Address of applicant:

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Postal address for all correspondence:

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Business phone:

Home phone:

Mobile phone:

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Email:

Fax:

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### Premises details

Trading name of premises:

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Address of premises/location:

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Contact person:

Position held:

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Business phone:

Mobile phone:

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Email:

Fax:

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Commencement date (for new premises/transfer only):

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Trading hours:

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### Important privacy information

The personal information that you provide in this form will be held and protected by Auckland Council in accordance with our privacy policy (available at [aucklandcouncil.govt.nz/privacy](http://aucklandcouncil.govt.nz/privacy) and at our libraries and service centres) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.

Signature of applicant:

Date:

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## Type of registration or licence applied for

- Hairdressers
- Health protection (further information required on page three)
- Temporary health and hygiene licence (events/festivals)
- Camping ground
- Funeral director/Mortuary
- Offensive trade
- Market operator
- Mobile shop (further information required below)

Vehicle to be associated with mobile shop:

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Vehicle registration number:

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Vehicle make/model:

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## Supporting information required

- Mobile shop operators – remember to check whether you need a licence as required by the Trading and Events in Public Places bylaw 2015 or private land owner’s written consent for the location(s) at which you wish to trade from. For more information on the bylaw visit [aucklandcouncil.govt.nz/streettrading](http://aucklandcouncil.govt.nz/streettrading)
- All types of businesses – remember to check whether resource consent is required to operate from your chosen site. Note: the issuing of a mobile shop/market licence or certificate alone does not mean the activity is permitted under the district/city/unitary plan.

## Health protection

Please indicate the category of your premises. (Tick more than one if applicable).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Manicure/pedicure                               | <input type="checkbox"/> Tattooing                   | <input type="checkbox"/> Traditional tattooing  |
| <input type="checkbox"/> Cupping   | <input type="checkbox"/> Electrolysis                | <input type="checkbox"/> Exfoliation            |
| <input type="checkbox"/> Extractions                                     | <input type="checkbox"/> Red vein treatment (needle) | <input type="checkbox"/> Body piercing          |
| <input type="checkbox"/> Moxibustion                                     | <input type="checkbox"/> Sun bed/solarium            | <input type="checkbox"/> Pulsed light and laser |
| <input type="checkbox"/> Hair removal<br>(Tweezing, waxing or threading) | <input type="checkbox"/> Acupuncture                 | <input type="checkbox"/> Derma rolling/stamping |

Other (please describe):

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Name trained operators (supply copies of certificates) applicable for activities: Electrolysis, red vein treatment, derma rolling, stamping, manicure and pedicure, exfoliation, sun beds, pulsed light and laser treatment. Expiry dates of training certificates if applicable.

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For the applicable fee, see the environmental health fee schedule available at Auckland Council service centres, visit [aucklandcouncil.govt.nz/fees](http://aucklandcouncil.govt.nz/fees) or phone 09 301 0101.

**Office use only**

Orewa    Takapuna    Auckland Central    Henderson    Manukau    Papakura    Pukekohe

Complete: Yes/No

Approved/Declined

Licence/registration number:

Fee paid: Yes/No

Receipt number:

Invoice number:

Amount:

Authorising officer:

Date: