

## **Application for registration as hairdresser**

Health (Registration of Premises) Regulations 1966

A63895

## Address all correspondence to:

Ōpōtiki District Council, PO Box 44, Ōpōtiki 3162

**Application fee:** 

Ph 07 315 3030, Fax 07 315 7050			Refer to <u>www.odc.govt.nz/feescharges</u>	
Or return to Custon	ner Services, 108 St John Street, Ōpōt			
	Registration expir Please ensure your registration i	es on 30 June each is current before o	•	
Applicant details				
Full name	Name of person or registered company in	n or registered company in whose name the certificate of registration is to be issued		
Address				
Postal address (if different)				
Home phone		Work pho	one	
Mobile		Email		
Business details				
Trading name				
Physical address				
Contact person				
Position held				
Home phone		Work pho	one	
Mobile		Email		
Declaration				
Signature of applicant  I/we hereby apply to register the above premises in accordance with the Health (Registration of Premises) Regulations		he Health (Registration of Premises) Regulations 1966.		
Date				
	OFFIC	E USE ONLY		
Customer services		Inspector's app	Inspector's approval	
Name		Name		
Amount paid		Date		
Date paid		Signature		
Receipt no.		Signature		