

# WESTLAND DISTRICT COUNCIL

36 Weld Street  
Private Bag 704  
Hokitika



Phone 03 756 9010  
Fax 03 756 9045

APPLICATION FOR LICENCING UNDER THE LOCAL GOVERNMENT HEALTH ACT 1956

I (full name), \_\_\_\_\_

Address, \_\_\_\_\_

Contact Phone Number, \_\_\_\_\_

Email address, \_\_\_\_\_

Do hereby apply for the registration of the premises/vehicle owned, occupied or operated  
by myself and trading under the name of: \_\_\_\_\_

For the purposes listed below:

.....  
**1. Funeral Director:** Address or premises to be used as a mortuary (\$388.00):

\_\_\_\_\_

**2. Offensive Trade:** Full description of process (\$388.00):

\_\_\_\_\_

**3. Hairdresser:** Address of premises (\$388.00):

\_\_\_\_\_

**4. Camping Ground:** Address of Camping Ground (less than 10 sites \$286.00, more than  
10 sites \$388.00):

\_\_\_\_\_

.....  
Fee enclosed of \$ \_\_\_\_\_

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

.....  
OFFICE USE ONLY

This application is **APPROVED / DECLINED**

Conditions and Comments: \_\_\_\_\_

\_\_\_\_\_