

WESTLAND DISTRICT COUNCIL

36 Weld Street
Private Bag 704
Hokitika



Phone 03 756 9010
council@westlanddc.govt.nz

APPLICATION FOR LICENCING UNDER THE LOCAL GOVERNMENT HEALTH ACT 1956

Applicant Name: _____

Postal Address: _____

Contact Phone Number, _____

Contact Name: _____

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: _____