

# WAIRARAPA COUNCILS



## REGISTRATION OF PREMISES

### Application Form

Please return your application to the local council where your business resides. Address details overleaf.

**Business Details** New Business  Yes  No

Full name of applicant(s) or company name:

Trading name:

Address of premises:

  
  

Postal address (if different):

  
  

Telephone:

Mobile:

Fax:

Email:

Grease Trap?  Yes  No Type of trap:  Is it shared:  Yes  No Capacity:

General purpose of premises (please complete further details on page 2):

Managers name

Proposed opening date

 /  / 

Number of staff

Max occupancy (for restaurants, cafes, bars, hairdressers & campground)

Toilet Numbers: Urinal stalls

Male toilets

Female toilets

Wash hand basin

Unisex

Staff Only

Accessible

scale (1:50) floor plan attached of the proposed premises, detailing all floor, wall and ceiling surfaces, outdoor seating and essential features referred to in the application procedures

Signature of applicant or agent of business/ company:

Application fee payable \$

Date

  

### OFFICE USE ONLY:

NCS No.

Medical Officer of Health approval required?  Yes  No

Approved, date:  /  /   Declined  Hold

Conditions to be imposed:  Yes (please list overleaf)  No

Category classification (please tick ✓):  FP  OT  FD  CG  HD

EHO

Requires liquor inspection  Yes  No

CC to Trade Waste Officer:  Yes, date:  /  /   No

Inspection months (please tick ✓):

Jan  Feb  Mar  April  May  June  
 July  Aug  Sept  Oct  Nov  Dec

Building Approval  Yes  No Planning Approval  Yes  No



Holloway Street, Carterton  
 P.O. Box 9, Carterton 5743  
**t:** 06 379 4030 **f:** 06 379 7832  
**e:** info@cdc.govt.nz



64 Chapel Street  
 PO Box 444, Masterton 5840  
**t:** 06 370 6300 **f:** 06 378-8400  
**e:** health@mstn.govt.nz



19 Kitchener Street  
 Martinborough 5711  
 PO Box 6, Martinborough 5741  
**t:** 06 306 9611 **f:** 06 306 9373  
**e:** enquiries@swdc.govt.nz

**OFFICE USE ONLY:**

Conditions to be imposed:

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**Please indicate the purpose you are seeking this registration**

**FOOD PREMISES** (more than one option can be ticked)

- Eatinghouse (any premises where food is prepared on the premises for consumption on the premises)
- Grocery
- Retail sale of sandwiches, cakes or bakers smallgoods
- Bakery (any premises where bread, pastry, cakes or bakers' smallgoods are baked for sale or wholesale)
- Takeaway
- Retail sale of milk & chilled dairy products
- Retail sale of ice/water
- Retail sale of ice-cream/frozen confections
- Retail sale of fruit or vegetables
- Retail sale of meat
- Butcher
- Manufacturing uncooked comminuted fermented meats (UCFM)
- Retail sale of fish/seafood
- Processing or retail of honey and bee products
- Retail sale of confectionary
- Delicatessen (any premises used for the retail sale of cooked meat, cooked pastry containing meat, meat pies, meat pasties, meat savouries, cooked poultry, cooked fish, smoked fish, fish pasties, fish savouries, quiches or similar cooked food)
- Manufacturer of food product(s) for retail sale elsewhere – specify type of food (continue on separate sheet if required)
- Other \_\_\_\_\_

**MOBILE SHOP**

Please complete an application form for a mobile shop/hawker.

**FOOD SAFETY TRAINING DETAILS**

Please provide copies of food hygiene training certificates.  
 Name, qualification (eg. NZQA Unit 167), year obtained on separate sheet

**OFFENSIVE TRADE** (No scale plan required)

- Fish cleaning
- Refuse collection and disposal
- Septic tank desludging/disposal of sludge
- Storage, drying or preserving of bones, hides, skin or hoofs
- Collection and storage of used bottles

- CAMPING GROUND** (I have attached a plan of the camping ground)
- FUNERAL DIRECTOR**
- HAIRDRESSER**