

## **SOUTH WAIRARAPA DISTRICT COUNCIL**

PO Box 6, Martinborough 5741
<a href="mailto:health@swdc.govt.nz">health@swdc.govt.nz</a>
06 306 9611 x 849

## **APPLICATION FOR TRANSFER OF REGISTRATION OF PREMISES**

## **DETAILS OF HOLDER OF CERTIFICATE OF REGISTRATION**

DETAILS OF HOLI	DER OF CERTIFI	CATE OF REGISTRA	(1101 <b>4</b>				
Current Licensee							
Trade name of bus	siness						
Current certificate number		E		Expiry date			
Address of business							
Postal address							
(if different)							
Mobile Number			Business Phone				
Email address							
HEREBY APPLY TO TRANSFER THE ABOVE CERTIFICATE OF REGISTRATION TO							
New Licensee							
Address of business							
Mobile Number		Business Phone					
Email address							
Date of change of	ownership						
Signature of applicant			Date	Date			
Fee Payable							
OFFICE USE ONLY	Y						
Approved?		Approved by		Approved	Approved date		
Notes							