

# APPLICATION FORM FOR REGISTRATION FOR CAMPING-GROUND, HAIR DRESSER, & OFFENSIVE TRADE



**SOUTH WAIRARAPA  
DISTRICT COUNCIL**  
*Kia Reretahi Tātau*

Pursuant to the **Health Act 1956, Camping Ground Regulations 1985, & Health (Hairdressers) Regulations 1980**

**Post, deliver, or email your application to South Wairarapa District Council:**

Post: Environmental Health Services, PO Box 6, Martinborough 5741

Deliver: South Wairarapa District Council, 19 Kitchener Street, Martinborough 5711

Email: [health@swdc.govt.nz](mailto:health@swdc.govt.nz) (For enquiries, please phone 06 306 9611)

**Fee: \$260.00**

PLEASE PRINT CLEARLY

## AUTHORISED PERSON TO CONTACT CONCERNING THIS APPLICATION:

The Contact Person details entered below will be used for communications about your Registration, such as sending Approval Documents and Renewal Reminders. Contact Council if the details change.

<b>Applicant Name:</b>	<input type="text"/>		
<b>Business Trading Name:</b>	<input type="text"/>		
<b>Telephone</b>	<input type="text"/>	<b>Mobile</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		

*By entering an email address, you consent to being sent information and notifications electronically, if required.*

<b>Premises Address:</b>	<input type="text"/>
<b>Postal Address:</b> <i>(If different from above)</i>	<input type="text"/>

### 1. I AM APPLYING FOR (PLEASE TICK ALL THAT APPLIES)

- Camping-Ground Licence    
  Hairdresser Licence    
  Offensive Trade Licence  
 New Business    
  New Operator of Existing Business    
  Renewal

### 2. FOR OFFENSIVE TRADE ONLY (PLEASE TICK AND PRINT CLEARLY)

<b>Are you operating a?</b>	<input type="checkbox"/> Funeral Home/Mortuary	<input type="checkbox"/> Vacuum Truck
<b>Who to contact regarding inspections?</b>	<input type="text"/>	
<b>Vehicle Registration for Vacuum Truck(s)</b>	<input type="text"/>	<b>Make and Model</b>
	<input type="text"/>	<input type="text"/>

### 3. APPLICANT STATEMENT: AGREEMENT AND DECLARATION (PLEASE TICK AND PRINT CLEARLY)

- I am duly authorised to make this application.  
 The information supplied in this application is truthful and accurate to the best of my knowledge and belief.

<b>Applicant's Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
------------------------------	----------------------	-------------	----------------------

#### WHO TO CONTACT FOR FURTHER INFORMATION

**Terri Hannah**  
Environmental Services Administrator  
06 306 9611 ext 849  
[health@swdc.govt.nz](mailto:health@swdc.govt.nz)

#### PRIVACY STATEMENT

**We collect, use, and disclose personal information you provided:**

- For the purpose(s) processing your application; and
- To communicate with you for Council purposes; and
- To enable us to maintain our records and to carry out statutory functions.

#### FOR OFFICE USE ONLY:

<input type="checkbox"/> <b>Approved</b> / <input type="checkbox"/> <b>Declined</b> Condition: <input type="text"/>	<b>Inspector's Name &amp; Signature</b> <input type="text"/> <b>Date:</b> <input type="text"/>
--	--