

# APPLICATION FORM FOR TRANSFER OF REGISTRATIONS OF PREMISES



**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)

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. Contact Council if the details change.

<b>Current Licensee:</b>	<input type="text"/>		
<b>Business Trading Name:</b>	<input type="text"/>		
<b>Business Address:</b>	<input type="text"/>		
<b>Current Certificate Number</b>	<input type="text"/>	<b>Expiry Date</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>	<b>Mobile</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		

**HEREBY APPLY TO TRANSFER THE ABOVE CERTIFICATE OF REGISTRATION TO:**

<b>New Licensee:</b>	<input type="text"/>		
<b>Business Trading Name:</b>	<input type="text"/>		
<b>Business Address:</b>	<input type="text"/>		
<b>Telephone/ Mobile</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Date of change of ownership</b>	<input type="text"/>		

I am duly authorised to make this application; and  
 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"/>
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WHO TO CONTACT FOR FURTHER INFORMATION	PRIVACY STATEMENT
<p><b>Terri Hannah</b>                      Environmental Services Administrator                      06 306 9611 ext 849  <a href="mailto:health@swdc.govt.nz">health@swdc.govt.nz</a></p>	<p><b>We collect, use, and disclose personal information you provided:</b></p> <ul style="list-style-type: none"> <li>• For the purpose(s) processing your application; and</li> <li>• To communicate with you for Council purposes; and</li> <li>• To enable us to maintain our records and to carry out statutory functions.</li> </ul>

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>Fee:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>