WAIRARAPA COUNCILS







REGISTRATION OF PREMISES

Application Form

Please return your application to the local council where your business is based, or where you wish to operate your mobile unit for secondary registration. *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:				
Registration Mobile Food Premises, Mobile Shops, Hawkers & Itinerary Traders Hereby apply for a Manager's name					
Mobile Food Premises					
Mobile Shop Proposed opening date Nui Hawker	mber of staff				
Itinerant Trader					
• Itania Ivilla a allin i					
Items I will be selling:					
Range of foods to be prepared / sold (if applicable):	Range of foods to be prepared / sold (if applicable):				
Vehicle(s) make and registration number(s):					
Address where food Vehicle will be parked when not in use:					
Full description of intended procedures and areas w	where it is proposed to operate:				
Details of the food business and /or storage associa	ted with the business:				

	cord) obtained through the Ministry of Justi	
	he vehicle layout including wastewater colle erred to in the application procedures.	ection, plumbing, noor walls and celling
Attached are copies of food hygier food safety training of all staff if ap		g food. Please also complete table below for
Evidence of consent from NZ Trans	sport Agency (if required).	
♦ Please complete details below if	f the onsite operator is different from the	applicant.
Onsite operator details		
Surname		
First name	Second nam	е
Postal Address		
Telephone number	Email addres	SS
Date of birth / /	Drivers Licence numbe	er
Additional on-site operator	r (if applicable)	
Surname		
First name	Second nam	е
Postal Address		
Telephone number	Email addres	SS
Date of birth / /	Drivers Licence Numbe	er
They will be (tick which applies):		
Mostly walking around the town CB	D whilst trading.	
	ng intermittently e.g. ice cream trucks.	
Trading from the roadside from a su	itable vehicle.	
Temporarily located at a fixed premi	ses.	
	Signature of applicant or agent of bu	ısiness/company:
Application fee payable \$		Date / /
FOOD SAFETY TRAINING D	DETAILS	
Name	Qualification e.g. NZQA Unit 167	Year Obtained

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OFFICE USE ONLY
Conditions to be imposed:

OFFICE USE ONLY:	NCS No.							
Approved date	/ /	Declined	Hold					
Conditions to be imposed:	Yes (please list overleaf)	No Inspe	ection Mon	ths				
Category classification			Jan	Feb	Mar	April	May	June
(please tick):	MF HW		July	Aug	Sept	Oct	Nov	Dec
ЕНО	MS IT			Pla	nning Appro	oval	Yes	No