



SOUTH WAIRARAPA DISTRICT COUNCIL

PO Box 6, Martinborough 5741

Telephone: 06 306 9611

APPLICATION FOR TRANSFER OF REGISTRATION OF PREMISES

Year Ending 31 July 20..

DETAILS OF HOLDER OF CERTIFICATE OF REGISTRATION

Trade name of business:	
Address of business:	
Postal address: (if different)	
Telephone Number:	
Fax number:	
Mobile Number:	
Email address:	

HEREBY APPLY TO TRANSFER THE SAID CERTIFICATE OF REGISTRATION TO:

Full name: (Occupier/owner of the premises)			
Private Address:			
Postal Address:			
Telephone Number:		Fax number:	
Mobile Number:			
Email address:			
Date of change of ownership:			
Signature of applicant:			Date:
Fee Payable:			

OFFICE USE ONLY

I hereby certify that the premises referred to complies with the Food Hygiene Regulations 1974, and that the licence be transferred

Approved for transfer Approving Officer			Date	
Receipt No		Cashier	Date	