

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

- ☐ Mobile Food Premises
☐ Mobile Shop
☐ Hawker
☐ Itinerant Trader

Manager's name

Proposed opening date

Number of staff

- Items I will be selling:

- 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 where it is proposed to operate:

- Details of the food business and /or storage associated with the business:

- ◆ Please complete details below if the onsite operator is different from the applicant.

Conditions to be imposed:

NCS No.

☐ Approved date / /

☐ Declined ☐ Hold

Conditions to be imposed: ☐ Yes (please list overleaf) ☐ No

Inspection Months

☐ Jan
 ☐ Feb
 ☐ Mar
 ☐ April
 ☐ May
 ☐ June
 ☐ July
 ☐ Aug
 ☐ Sept
 ☐ Oct
 ☐ Nov
 ☐ Dec
 ☐

Category classification
(please tick):

☐ MF ☐ HW
☐ MS ☐ IT

EHO

Planning Approval ☐ Yes ☐ No