



Private Bag 92300
Auckland 1142

APPLICATION FOR REGISTRATION OF A HAIRDRESSER'S SHOP
Health (Registration of Premises) Regulations 1966

_____ (Full Name or Company Name of Applicant)

of _____ (Full Residential Address)

Contact person (if different from above) _____

Email address _____

Telephone No: _____ (Bus) _____ (Res) _____ (Fax)

apply pursuant to the Health (Hairdressers) Regulations 1980, to have premises situated at
_____ known as _____

registered as a Hairdresser's Shop.

If applicant is not the owner, state name of owner of premises: _____

IF TRANSFER: _____ (Full name of previous operator)

For the period from _____ 20 _____ until the 30 September 20 _____

FEE PAYABLE: _____

SIGNED: _____ DATE: _____

PRIVACY ACT 1993

- (1) Personal information obtained in this application is primarily for establishing applicant identity and, when the application has been approved or declined, for administration, monitoring and enforcement.
- (2) The information may be released to any inquirer about the application, the refusal of the application, or in relation to the exercise of the approval of this application.
- (3) The information will be held by Auckland Council, 50 Centreway Road, Orewa.
- (4) The information may be provided to the Medical Officer of Health and will be used for verifying and amending the Council's ownership and occupier records (the Rating Roll) and will be released in accordance with the Rating Powers Act 1988 and to Valuation New Zealand.
- (5) You have the right to access the information and to request its correction.

For Office Use Only		
Fee Paid:	Date of Inspection:	Debtor No:
Receipt No:	Issue: Yes/No	Lic./Cert. No:
Date:	Officer:	Date of Issue: