



**APPLICATION FOR A LICENCE TO OPERATE A BROTHEL**  
Rodney District Council General Bylaw 1998

\_\_\_\_\_ (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 Chapter 14 of the Rodney District Council General Bylaw 1998, for a licence to operate a brothel, at the premises situated at \_\_\_\_\_ known as \_\_\_\_\_

IF TRANSFER: \_\_\_\_\_ (Full name of previous operator)

For the period from \_\_\_\_\_ 20 \_\_\_\_ until 30 September 20 \_\_\_\_\_

Do you have no more than 4 sex workers who retain control over their earnings from prostitution carried out at the brothel? YES NO

Name(s) of holders of operator certificates issued pursuant to the Prostitution Reform Act 2003: \_\_\_\_\_

Do the premises contain a spa or swimming pool? YES NO

Do the premises have a food, health protection, hairdresser or liquor licence issued to the above applicant? YES NO

Details of licence(s): \_\_\_\_\_

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 Registrar of the District Court of Auckland, or the Medical Officer of Health or Liquor Licensing Authority 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.

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