

Application for the Transfer of Registration of Hairdresser's Shop



The Health (Registration of Premises) Regulations 1966
Health (Hairdressers) Regulations 1980

Send to: Chief Executive
Waitakere City Council
Private Bag 93109
Henderson
WAITAKERE 0650

Deliver to:
Waitakere Central
6 Henderson Valley Road
Henderson
Telephone (09) 839 0400
Facsimile (09) 836 8001

Applicant Details

Full name of applicant: _____
(Name of person applying for the transfer)

Postal Address: _____

Contact details: Phone _____ Mobile: _____
Email: _____ Fax: _____

Details of premises being transferred

Address of the Premises: _____

Current Trading Name: _____

Name of Current Occupier: _____

Proposed Trading name on Transfer: _____

Purpose(s) for which the premises are to be registered upon the transfer

Date: _____ Signature of Applicant: _____

OFFICE USE ONLY		
Fee including GST \$ _____	Receipt number: _____	Date _____
Ref # _____	File # _____	
Approve/Decline _____	EHO signature _____	Date _____