**Application for Renewal of Registration of Hairdresser**

***You must lodge your application for renewal of registration with Council, along with the annual fee, before your current licence expires.***

*This is a requirement under the Health (Hairdressers) Regulations 1980 and the Health (Registration of Premises) Regulations 1966.*

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| Applicant details |

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| Name of applicant: **(company or sole trader)** | |  | |
|  | |  | |
| Trading name: | |  | |
|  | |  | |
| Postal address: | |  | |
|  | |  | |
| Location: | |  | |
|  | |  | |
| Manager: | |  | |
|  | |  | |
| Contact numbers: | | Phone: Mobile: | |
|  | |  | |
| Email: | |  | |
|  | |  | |
| Name: | |  | |
|  | |  | |
| Date: | |  | |
|  | |  | |
| Signature: | |  | |

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| Submitting applications |
| Email completed forms to: health@kapiticoast.govt.nz  **Post to:** **or deliver to:**  Environmental Health Team  Kāpiti Coast District Council Kāpiti Coast District Council  Private Bag 60601 175 Rimu Road  Paraparaumu 5254 Paraparaumu |

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| Office use only | | |
| *I have inspected these premises and consider them suitable for registration.* | | |
| Environmental Health Officer: | |  |
|  | |  |
| Date: | |  |
|  | |  |
| Signature: | |  |
|  | |  |
| Licence Number: | |  |
|  | |  |
| Debtor Number: | |  |
|  | |  |
| **Receipt:** | |  |