**Application for Registration of Hairdresser**

***You must lodge your application for registration along with the annual fee within 14 days of commencing trade.***

*This is a requirement under the Health Act 1956, Health (Registration of Premises) Regulations 1966 and Health (Hairdressers) Regulations 1980.*

|  |  |
| --- | --- |
| □ New business | □ Transfer of ownership |

|  |
| --- |
| Applicant details |

|  |  |
| --- | --- |
| Name of applicant: **(company or sole trader)** |  |
|  |  |
| New Zealand Business No. (NZBN) if applicable: |  |
|  |  |
| Trading name: |  |
|  |  |
| Postal address: |  |
|  |  |
| Location: **(or vehicle registration if mobile premise)** |  |
|  |  |
| Manager: |  |
|  |  |
| Contact numbers: | Phone: Mobile: |
|  |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| Business details |  | |
|  |  | |
| Proposed opening date: |  | |
|  |  | |
| Number of staff: |  | |
|  |  | |
| Home occupation: | Yes **□** | No **□** |
|  |  | |
| Number of cutting chairs: |  | |
|  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant signature (or Agent of business/company) | | | |
|  | |  | |
| Name: | |  | |
|  | |  | |
| Date: | |  | |
|  | |  | |
| Signature: | |  | |
| **□ Attach site plan showing fit-out details**  **□ Attach proof of payment** | | | |

|  |
| --- |
| 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 |

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