



Application Form - Registration of Hairdressers

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

HD: _____

APPLICATION DETAILS

Name of Premises: _____

Premises Situated at: _____

Property Legal Description (or valuation #): _____

Company/Trust/Entity Name: _____

Contact Name of Applicant: _____

Address of Applicant: _____

Postal Address for Service of Documents: _____

Name of Manager: _____

Phone Number: (Work) _____ (Home) _____

Email Address: _____ (Fax) _____

PURPOSE FOR WHICH REGISTRATION IS FOR

(Indicate in the box(es) provided which category(ies) your proposal relates to.)

- Hairdresser: number of cutting stations:
- Mobile Hairdresser – Vehicle registration:

Proposed Commencement Date:.....

Signature of Applicant: _____ **Date:** _____

Prescribed Fee: \$337.00

This fee is a deposit only and covers the time spent reviewing, commenting and verbally discussing both the plans and proposals associated with the application to register as well as one site assessment. Any additional site assessments will be charged to the applicant at the Officer's hourly rate plus disbursements.

Please complete and return with:

- The prescribed fee
- A detailed scale layout plan (x2)

Contact Details:	
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Private Bag 50072, Queenstown 9348	E-mail: services@qldc.govt.nz