



REGISTRATION OF OFFENSIVE TRADES

APPLICATION FORM

The Health (Registration of Premises) Regulations 1966

OT: _____

1 APPLICATION DETAILS

Name of Premises:		
Premises Situated at:		
Property Legal Description (or valuation #):		
Company/Trust/Entity Name:		
Postal Address for Service of Documents:		
Name of Manager:		
Phone Number: (Work)	(Home)	(Mobile)
Email Address:		

2 PURPOSE FOR WHICH THE PREMISE ARE TO BE USED

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

<input type="checkbox"/> Blood or Offal treating	<input type="checkbox"/> Nightsoil collection & disposal
<input type="checkbox"/> Bone boiling or crushing	<input type="checkbox"/> Refuse collection & disposal
<input type="checkbox"/> Collection of storage of used bottles for sale	<input type="checkbox"/> Tallow melting
<input type="checkbox"/> Dag crushing	<input type="checkbox"/> Tanning
<input type="checkbox"/> Fellmongering	<input type="checkbox"/> Wood pulping
<input type="checkbox"/> Fish cleaning	<input type="checkbox"/> Wood scouring
<input type="checkbox"/> Fish curing	<input type="checkbox"/> Septic tank desludging & disposal of sludge
<input type="checkbox"/> Flax pulping	<input type="checkbox"/> Gut scraping and treating
<input type="checkbox"/> Slaughtering of animals for any purpose other than human consumption	
<input type="checkbox"/> Storage, drying or preserving bones, hides, hoofs or shins	
<input type="checkbox"/> Flock manufacturing or teasing or textile materials for any purpose	

Signature of Applicant: _____

Date: _____

Prescribed Fee: \$300

Please complete and return with:

A copy of any contractual agreements held with effluent treatment providers for the disposal of waste products collected in the course of trade