



**Central Hawke's Bay District Council**  
**APPLICATION for LICENCE**

Application Date:.....

TYPE OF PREMISES:                    **FP**                    **HD**                    **CG**                    **MS**                    **OT**

APPLICANT.....

...

NAME OF PREMISES.....

... ADDRESS OF PREMISE.....

.....

POSTAL ADDRESS FOR DOCUMENTS.....

.....

.....

.....

CONTACT NAME:..... PHONE:.....

.....

CELLPHONE:..... EMAIL:.....

...

BUSINESS                    DESCRIPTION:.....

.....

.....

...

**IF FOOD PREMISES (i.e. Food Preparation):**

INCLUDE:        Food safety qualifications                        References & Curriculum Vitae

   Photographs of premise (in & out)                        Proposed cleaning schedule

Other information such as sickness policies, maintenance and calibration timeframes, staff numbers and their relevant qualifications, hygiene standards and other premise policies should also be included in this application.

**IF MOBILE SHOP (also include the following):**

REGISTRATION OF VEHICLE:.....    VEHICLE MAKE:.....

Applicants name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

<b>OFFICE USE</b>	<b>Application fee</b>	\$	<b>File Reference</b>	
	<b>Notes / Comments</b>			
	<b>Inspector (sign)</b>			