



Central Hawke's Bay District Council
APPLICATION for
TRANSFER of 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 Signature

OFFICE USE (Department sign)	
Building	Planning

OFFICE USE	Application fee		File Reference	
	Notes / Comments			
	Inspector (sign)			