WESTLAND DISTRICT COUNCIL

36 Weld Street Private Bag 704 Hokitika



Phone 03 756 9010 licensing@westlanddc.govt.nz

APPLICATION FOR LICENCING UNDER THE LOCAL GOVERNMENT HEALTH ACT 1956

Address,	I (full name),		
Email address,	Address,		
by myself and trading under the name of: For the purposes listed below: 1. Funeral Director: Address or premises to be used as a mortuary (\$350.00): 2. Offensive Trade: Full description of process (\$400.00): 3. Hairdresser: Address of premises (\$350.00): 4. Camping Ground: Address of Camping Ground (less than 10 sites \$286.00, more than 10 sites \$350.00): Fee enclosed of \$ Date of Application Signature of Applicant OFFICE USE ONLY This application is APPROVED / DECLINED			
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Conditions and Comments.	11	VED / DEGLINED	