

Application for Registration of a Hairdressing Premises Health (Registration of Premises) Regulations 1966

The purpose of this form is to enable the council to process the registration of your new hairdressing business efficiently, enabling you to begin trading as quickly as possible while complying with all relevant legislation.

Please provide as much detail as possible. If you feel there is more relevant information we need to know attach any further sheets as necessary.

Full name of applicant:

Full name of company / partnership:

Trading as:

Physical Address of Business:

Mailing address (if different):

Telephone numbers:

Business:

Home:

Mobile:

Email address:

Description of business:

Please describe in detail what type of hairdressing business you intend to operate (eg. Barbershop, unisex).

Building Consent Number:

Please attach a floor plan of the proposed layout of the shop.

How many hair wash basins will you install?

How many cutting chairs will you provide?

When do you intend to begin trading?

Signature of applicant:

Date:

Name:

Tasman District Council | Email info@tasman.govt.nz | Website www.tasman.govt.nz | 24 hour assistance

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Motueka | 7 Hickmott Place, PO Box 123, Motueka 7143, New Zealand | Phone 03 528 2022 | Fax 03 528 9751

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