

To: The Chief Executive  
Marlborough District Council  
Seymour Square  
PO Box 443  
Blenheim 7240



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## Application For Registration Of Premises

This application is made under the Health (Registration of Premises) Regulations 1966

Full name(s) and address of applicant(s) .....

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Postal address (if different) .....

Telephone number(s) ..... Home Business Mobile

Are you the owner of the property? Yes / No (delete one)

Address of premises to be registered.....

Postal address (if different) .....

Trading name of business .....

Description of process/activity carried out .....

.....

An invoice for the application fee will be forwarded to you in due course.

.....  
Signature of applicant(s)

.....  
Date