



ASHBURTON DISTRICT COUNCIL

5 Baring Square West, Ashburton, New Zealand
e-mail info@adc.govt.nz Website www.ashburtondc.govt.nz

APPLICATION FOR HAIRDRESSERS PREMISES LICENCE

I, _____
(Name in full)

of _____

hereby make application for registration of the premises known as:

as a Hairdressers shop under the Health (Registration of Premises) Regulations 1966 and the Health (Hairdressers) Regulations 1980.

Enclosed fee of \$

Signature of Applicant

Phone: _____

Date: _____

Certificate:

Receipt:

Date Issued:

