



# Sale of Food Licence

## Application Form

Please return this form to: [info@adc.govt.nz](mailto:info@adc.govt.nz) or Ashburton District Council, PO Box 94, Ashburton 7740

Applicant Details			
Name:			
Date of Birth:			
Trading Name:			
Postal Address:			
Phone Number:			
Email:		Fax:	
Registration Category (please tick where appropriate)			
Retail of cakes/sandwiches/baked goods	<input type="checkbox"/>	Grocery	<input type="checkbox"/>
Delicatessen	<input type="checkbox"/>	Retail sale of milk	<input type="checkbox"/>
Eating-house	<input type="checkbox"/>	Operation of food vending machine	<input type="checkbox"/>
Retail of fruits and vegetables	<input type="checkbox"/>	Auction mart where food is handled for sale	<input type="checkbox"/>
Manufacture/preparation/packing/storage of food for sale (other than retail sale from the premises)	<input type="checkbox"/>		<input type="checkbox"/>
Signature and Date			
I hereby make an application for a Food Licence for the above trade(s):			
I have also enclosed the required registration fee of \$ _____			
Signed: _____		Date: _____	