



# Transfer Registration

## 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:	
Postal Address:	
Current Licence Holder	
Name:	
Postal Address:	
Name of Premises:	Licence Number:
Business Type:	
Licence Transferred To	
Name:	
Address:	
Phone Number:	Mobile Number:
Email:	Date of Birth:
Proposed Trading Name:	
Signature and Date	
I hereby make an application to transfer my registration.	
Signed: _____	Name: _____

**Note:** This application must be made within 14 days of the change in the occupation of premises. The new occupier shall complete this form and return with the fee and current certificate of registration. A new certificate of registration will be issued.

### Office Use Only:

Received?    Yes        No        New Licence Number:  
Receipt issued    Yes        No        Fee: