



# Hairdressers Premises 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:	
Trading Name:	
Postal Address:	
Phone Number:	
Email:	Fax:
Signature and Date	
<p>I hereby make an application for a Hairdressers Premises Licence under the Health (Registration of Premises) Regulations 1966 and the Health (Hairdressers) Regulations 1980.</p> <p>I have also enclosed a fee of \$_____</p> <p>Signed: _____ Name: _____</p>	

**Office Use Only:**

Fee received Yes  No

Receipt issued Yes  No

Date Issued:

Certificate Number: