



**THAMES-COROMANDEL DISTRICT COUNCIL
COMMUNITY ENVIRONMENT GROUP**

515 Mackay Street, THAMES Telephone (07) 868 0200

TRANSFER APPLICATION FOR PREMISES HEALTH LICENCE

I / we hereby apply for: **Transfer of Health Licence**

Licensee Name/s: _____

Contact Name: _____

Premises Name: _____

Premises Address: _____

Previous Premises Name: _____

Licence Number: **HLT** _____

Business Postal Address: _____

Business Email: _____

Phone Numbers: Business: _____ Mobile: _____

Signature: _____ Date: _____

Do you require Building Consent YES / NO

Do you require Resource Consent YES / NO

TYPE OF BUSINESS:

Transfer Fee **\$95.00**