



FUNERAL DIRECTORS

Application for Registration of Premises or Change of Ownership

Invercargill City Council
Environmental Health Section
Private Bag 90104
INVERCARGILL
Phone (03) 211 1777
Email service@icc.govt.nz

Details of Applicant

Applicant's Full Name or Registered Company Name (enclose a copy of Certificate of Incorporation):

Trading as: _____

Hereby apply for the registration of premises situated at:

(street number and physical address or location of premises)

Postal Address for service of documents:

Full Name of Daytime Contact Person: _____

Daytime Contact Telephone Number: _____ Mobile: _____

Email: _____

Change of Ownership Details

Date that the change of ownership occurs/has occurred _____

Fee: \$45.00 (GST inclusive) - Change of Owner

Annual Fees:

\$125.00 (GST inclusive) - Pre Opening Inspection

\$255.00 (GST inclusive) - Annual registration

Enclosed, please find fees payable totalling: \$ _____

Applicant's Signature: _____ **Date:** _____

Office Use Only	
Approved by EHO _____	Licence No _____
Comment: _____	

Signed: _____	Date: _____