

REGISTRATION OF CAMPING GROUND

The Health (Registration of Premises) Regulations 1966
The Camping-Grounds Regulations 1985



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APPLICATION DETAILS

1	Trading Name of Premise:	
	Premise Situated at:	
2	Company / Trust / Entity / Name of Licensee:	
	Postal Address for Licensee Name Listed Above:	
3	Contact Person / Name of Applicant:	
	Postal Address for service of documents:	
	Mobile Phone Number:	Work:
	Email Address:	
	Details of Contact Person if different from 'Name of Applicant':	

PURPOSE FOR WHICH THE PREMISES ARE TO BE USED

No. of tent sites, powered sites, cabins, lodges etc

1	
2	
3	

PRESCRIBED FEE

\$400.00 (GST incl)

PLEASE COMPLETE AND RETURN WITH

- The prescribed fee
- Written proposal
- A detailed scale site plan (proposal and scale plan not required if operation and layout of the premises in not altering)

SIGNATURE OF APPLICANT

Signature of Applicant:

Date: