

Application for Registration and Certificate of Fitness of Funeral Premises

*Pursuant to the Health Act 1956, Health (Registration of Premises) Regulations 1966,
Health Burial Regulations 1946, and Kaipara District Council's General Bylaws 2008 - Part 3*

1. Applicant Details

Name of Applicant:					
Postal Address of Applicant:					Post Code:
Email:					
Contact Telephone:	Work:		Home:		Mobile:

2. Business/Premises Details

Business/Premises Details: (Trading Name)					
Manager Name(s):					
Contact Telephone:	Work:		Home:		Mobile:
Street Location: (where business/premises is to operate from)					Post Code:

3. The type of premises I/we apply for registration is of a:

Mortuary:	Yes:		No:		
Reception Room	Yes:		No:		
Other (Please Specify)					

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Capacity in which the application is signed:

	As owner of the business	Business Partner	Manager of Company
or as case made be			

Note: The prescribed fee must accompany the application. Any change in circumstances, or a change of the premises from which the business of funeral director is undertaken must be advised to Council and will require re-registration. Other approvals may be required from the Council for the operation of a mortuary, including under the Building Act 2004, the Resource Management Act 1991, the Health Act 1956, the Health (Registration of Premises) Regulations 1966, the Kaipara District Council's Bylaws and District Plan.

New licenses applied for 1 July to 31 December – 100% of annual fee

New licenses applied for 1 January to 30 June – 50% of annual fee

Please refer to KDC Fees and Charges which is available on our website under the section "Services", "[Fees & Charges](#)"

The method of fee and levy payment for Building Consents* can be made by the following options;

- a. [PAY-ONLINE](#) through KDC's website
- b. Direct Debit: Details of direct debit payments are included in your invoice
- c. Cheque with remittance, or
- d. Payment over the counter at either of Council's office locations

Office Use Only:

Building Team Check

Approved by:		Date	
Accessible Toilets Required:	Yes	No	Not Applicable

Planning Team Check

Approved by:		Date	
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Licence Number:	
Customer Number:	
Valuation Number:	

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