

Application for Registration of Camping Ground

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

APPLICATION DETAILS
Name of Premises:
Premises Situated at:
Property Legal Description (or valuation #):
Company/Trust/Entity Name:
Contact Name of Applicant:
Address of Applicant:
Postal Address for Service of Documents:
Name of Manager:
Phone Number: (Work)(Home)
Email Address: (Fax)
Purpose(s) for which the premises are to be used (no. of tent sites, powered sites, cabins, lodges etc): 1
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: Date:

Contact Details:

Queenstown Lakes District Council Phone: 03-441-0499
10 Gorge Road Fax: 03-450 2223

Private Bag 50072, Queenstown E-mail: services@qldc.govt.nz

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