

Application for registration of an offensive trade operator



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Applicant details (Please print in CAPITALS)

Title: Mr Mrs Miss Ms

First names

Surname

Postal address

Town Postcode

Home phone number - Work phone number - Mobile phone number -

Email

Facility details

Physical address of facility

Name of manager

Proposed opening date / / Number of staff

Site plan: Plan attached Wash-down area identified (if applicable)

Description of business activities

Septic tank cleaning Grease Traps Fell mongering Tanning
 Other

Description of wastes (fell mongering and tanning only)

Office use only

NAR •

Receipt

Planning approval Building Approval Rating Trade waste Medical officer of health

Location of waste disposal

Physical address

Vehicles

Physical location where vehicle(s) maintained (*if applicable*)

Registration number of vehicle(s) (*if applicable*)

Signature

Signature of applicant

 / / 2 0

Date

