

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