

Skin Penetration and Hairdressing Business Registration Form



New premises Existing premises – change of details/owner

Note: If it is an existing premises and layout has been modified, a new floor plan is required.

BUSINESS TYPE *(If it is a mobile operation and supplies are stored at home, please include home address. If it is a home occupation, an approval from Planning Services is required.)*

Commercial premises Home occupation Mobile operation

BUSINESS DETAILS

Business trading name

Previous trading name (if applicable)

Business address

Phone number

E-mail

PROPRIETOR DETAILS *(The proprietor is either the individual/s (e.g. sole trader/partnership) or body corporate (Pty Ltd company) legally responsible for the business. Please note that an ABN registered to a Trustee is not considered to be a legal entity.)*

Proprietor name(s)

ABN or (ACN)

Postal address

Phone number

E-mail

SERVICES PROVIDED *(please tick all services that apply)*

Tattooing
 Cosmetic tattooing
 Body piercing
 Ear piercing
 Electrolysis

Manicure/Pedicure
 Artificial nails
 Waxing
 Lancing

Hairdressing/Barber (no shaving)
 Threading
 Tweezing
 Shaving (single-use blades only)

Other procedure(s) please specify

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FOOD REQUIREMENTS

Are complimentary refreshments provided? (e.g. tea/coffee/alcohol, biscuits, others)
If yes, please attach a completed Food Business Notification/Registration Form

YES NO

DECLARATION

I have provided scaled plans (1:50) of the proposed premises with this application. *(For new premises and to be refurbished premises only)*

I have read and understood the requirements of the Health (Skin Penetration) Regulations 1998 and Code of Practice for Skin Penetration Procedures 1998.

<input type="checkbox"/>	I have been granted Planning Approval and obtained a Building Permit for this development Development Approval: _____ Building Permit: _____	OR	I have confirmation from the City's Planning and Building Department that the proposed use does not require Planning Approval or Building Permit.	<input type="checkbox"/>
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I declare that all information contained in this form and any supporting documents attached are true and correct.

Signature

Full Name

Date

THIS FORM MUST BE COMPLETED IN FULL, FAILURE TO DO SO WILL DELAY ASSESSMENT.

Submission of application forms and associated documents to be made by e-mail or in person.

Once complete application is received, associated fees will be invoiced.