

OFFICE USE ONLY

Receipt no.: _____ Date received _____ / ____ / ____

BUSINESS DETAILS

Tick applicable ☐ Existing business ☐ New business ☐ Change of details

Type of business
(eg: Beauty Salon, Tattooist etc)

Business trading name

Business address

ABN number

Business owners details
(eg: company name, sole trader name, etc)

Business postal address
(write 'as above' if the same as business location)

Daytime contact phone

Contact name

If a mobile business

Vehicle type
and model:

Vehicle
registration no.

State of
Registration:
(ie NSW, QLD etc)

PROCEDURES UNDERTAKEN ON THE PREMISES (tick where Applicable)

☐ Hair razor cut / barber shave

☐ Nail services / manicure / pedicure

☐ Ear, nose, body piercing

☐ Beauty treatments
Waxing, electrolysis, cosmetic tattooing / injections

☐ Colonic lavage

☐ Skin needling

☐ Other skin penetration (specify)

APPLICANT DETAILS

Applicants name

Residential address

Daytime phone number

Email

DECLARATION AND APPLICANTS SIGNATURE

I declare that all information supplied on this form is true and correct. I am aware of my obligations and the requirements of the Public Health Act (2010) and Regulation in regard to my business and keep all necessary records and/or documentation to support this application. I understand that a Council officer will undertake health and hygiene inspections of the business and may ask to view documentation associated with the operation of skin penetration activities.

SIGNED **DATE**

PRIVACY: The supply of the information requested is not voluntary and it is a requirement of the NSW Public Health legislation that the information be provided to Council. Personal information is intended for the use of Council officers and authorised agency (eg NSW Public Health) only. If you do not provide the information requested Council may be unable to process your application.