

Application for registration of hair, beauty and skin penetration premises

Section 71 Public Health and Wellbeing Act 2008 and Regulation 26 Public Health and Wellbeing Regulations 2019

I/we the undersigned hereby apply to register the premises hereunder described:

APPLICANT / PROPRIETOR DETAILS	
Applicant / Proprietors Name	
Company / Business Name (if applicable)	
	ABN: <input type="text"/> ACN: <input type="text"/>
Postal address (used for all correspondence)	
Applicant / Proprietor Contact Details	Phone: <input type="text"/> Mobile: <input type="text"/>
	Email: <input type="text"/>

BUSINESS DETAILS	
Trading Name	
Address	
Contact person at premises (if not proprietor)	Phone: <input type="text"/> Mobile: <input type="text"/>
	Email: <input type="text"/>
Personal care procedures provided (Tick applicable procedures)	<input type="checkbox"/> Hairdressing <input type="checkbox"/> Facials
	<input type="checkbox"/> Temporary cosmetic application <input type="checkbox"/> Eyelash extension/tinting
	<input type="checkbox"/> Hair Removal <input type="checkbox"/> Laser or IPL
	<input type="checkbox"/> Nail treatment <input type="checkbox"/> Piercing/body modification
	<input type="checkbox"/> Tattooing inc. cosmetic tattooing <input type="checkbox"/> Colonic Irrigation
	<input type="checkbox"/> Microdermabrasion/derma-rolling
	<input type="checkbox"/> Other, specify: <input type="text"/>

I/We the Applicant wish to apply to register for the year ending 31 December of each year under the provisions of the Public health and Wellbeing Act 2008 declare that all information given is true and correct.	
Signature of Applicant / proprietor:	Signature of 2nd Applicant proprietor:
Print name:	Print name:
Date:	Date:

New Registration checklist	Other Council department considerations
<input type="checkbox"/> Floor plan of the premises attached	<input type="checkbox"/> Regulatory Services – Footpath trading permit (chairs, signage and goods for sale)
<input type="checkbox"/> Proprietor has signed completed form	<input type="checkbox"/> Planning – Permits (Use of building, signage on building)
<input type="checkbox"/> Contact Public Health Dept for confirmation of fees	<input type="checkbox"/> Building – Permits (significant building works)

OFFICE USE (AUTH: New registration #122)		
Fee payable: \$	Sysaid #:	
Receipt No:	Date paid:	Amount paid:
Conditions of registration/renewal:		