

HAIRDRESSER / SKIN PENETRATION REGISTRATION

Public Health Act 2010 and Public Health Regulation 2012

Authority No:

Section 1 Details of Commercial premises, Motor vehicle (mobile) or Residential premises (Council approved)

Name of business:

Contact name:

Street address:

Suburb State P/Code

Postal address:

Suburb State P/Code

Contact Nos: Phone: Mobile:

ABN or ACN Number:

Signature: Date:

Home occupation: NO YES

Motor vehicle (mobile refer notes) NO YES Vehicle registration no:

Section 2 Business owner contact details

Name proprietors/partners (in full)

1. Signature:

2. Signature:

3. Signature:

Residential address of proprietors/partners

1.

2.

3.

Phone numbers of proprietors/partners

1. Business: Mobile: Home:

2. Business: Mobile: Home:

3. Business: Mobile: Home:

Section 3 Type of business

Hairdresser Bleaching/colouring Electrolysis Hair removal: Wax

Ear piercing Body piercing Nail technician Cosmetic enhancement

Tattooing Acupuncture Colonic lavage Blood testing

Beauty therapy (please specify):

Other (please specify):

The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.

GUIDELINES / NOTES			
1.	Where the procedure premises are mobile, the occupier must notify the local government in which the occupier resides.		
2.	Bathurst Regional Council must be notified within seven days of any change of particulars.		