

Application for Beauty and Body Art Premises – Skin Penetration

BUSINESS DETAILS

Business trading name	
Address of premises	
Premises phone number	
Business email address	
Business hours of operation	
Name of person in charge and title	
No. of full-time equivalent employees	
Premises type:	<input type="checkbox"/> Commercial premises <input type="checkbox"/> Mobile premises <input type="checkbox"/> Residential premises

PROPRIETOR DETAILS

Proprietor name	
ABN / ACN	
Postal address	
Mobile number	
Email address	

SKIN PENETRATION PROCEDURES

These procedures—dermal filler/anti-wrinkle injections (when administered by a medical practitioner), lash extensions, IPL and massage—**do not** require notification as they are not considered skin penetration.

Tick all that apply to your business:

- | | |
|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Manicure/Pedicure |
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Body modification |
| <input type="checkbox"/> Hairdresser/Barber | <input type="checkbox"/> Waxing/Threading |
| <input type="checkbox"/> Tattooing/Cosmetic tattooing | |

If you are undertaking beauty therapy treatments other than those listed, please detail each type of treatment:

DOCUMENTS

Please attach the following:

ASIC Record of Registration for Business Name

Attach a labelled floor plan clearly showing the following:

- All treatment rooms, cleaning and disinfection rooms, kitchen, toilets, laundry (as applicable)
- Location of hands free hand wash basin – must be in immediate vicinity to skin penetration procedures
- Cleaning and kitchen sinks (including soap and paper towels)
- Floor, ceiling, wall, bench and shelf finishes

For residential premises:

- House plan specifying the designated area for business use
- Parking location for clients, clearly indicating the capacity for the number of clients per day

DECLARATION

I declare that the information contained in this application is correct, that I will notify the City's Health Services of any variation to details provided within this application prior to trading.

I have read and understood the *Hairdressing Establishment Regulations 1972* (applicable for hairdressers only), or the *Health (Skin Penetration) Regulations 1998* and *Code of Practice for Skin Penetration Procedures 1998* (applicable for skin penetration premises).

Name of applicant(s)

Position of applicant(s)
(In the case of a company, the signing officer must be a Director of the company or provide evidence of their delegated authority to sign)

Signature of applicant(s)

Date

SCHEDULE OF FEES -The following fees are applied to all applications and an invoice will be issued

Application Fee: \$ 178.00