

## Shire of Coolgardie Hairdresser / Skin Penetration Premises Notification Form

### APPLICANT DETAILS

BUSINESS OWNER

BUSINESS MANAGER (if different)

CONTACT INFORMATION

Phone (m)

Email

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### BUSINESS DETAILS

BUSINESS TRADING NAME

BUSINESS ADDRESS

<b>Lot no.</b>	<b>Street no.</b>	<b>Street</b>
<b>Suburb</b>		

POSTAL ADDRESS (if different)

<b>Lot no.</b>	<b>Street no.</b>	<b>Street</b>
<b>Suburb</b>		

BUSINESS CONTACT

Phone (w)

Phone (a/h)

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TRADING HOURS

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

NUMBER OF STAFF EMPLOYED: \_\_\_\_\_

WILL YOU BE PROVIDING FOOD & DRINK FOR CLIENTS? \_\_\_\_\_ (you may need to apply for a Food Business Permit)

### OPERATIONAL DETAILS

BUSINESS TYPE – please tick all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Hairdresser                   | <input type="checkbox"/> Beauty Therapy                   |
| <input type="checkbox"/> Hairdresser (home occupation) | <input type="checkbox"/> Beauty Therapy (home occupation) |
| <input type="checkbox"/> Tattooing                     | <input type="checkbox"/> Other (please specify)           |

**OPERATIONAL DETAILS cont...**

ACTIVITY TYPE – please tick all that apply

<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Invasive Beauty Treatments
<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Permanent Makeup	<input type="checkbox"/>	
<input type="checkbox"/>	Waxing	<input type="checkbox"/>	Acrylic/Gel Filled nails	<input type="checkbox"/>	Manicures & Pedicures
<input type="checkbox"/>	Tweezing	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Massage Therapy	<input type="checkbox"/>	Facials	<input type="checkbox"/>	Spray Tans
<input type="checkbox"/>	Tinting	<input type="checkbox"/>	Spa Treatments	<input type="checkbox"/>	Non-invasive Beauty Treatments

**APPLICANT DECLARATION**

- I (and any staff employed by the business) have read the *Health (Skin Penetration) Regulations 1998* and the *Skin Penetration Code of Practice*.
- I have attached plans of the proposed premises with this application, showing details such as the floor plans, floor coverings, workstations and preparation areas, equipment storage areas etc. *(Please note, this application will not be processed without detailed plans attached.)*

By signing this document, I / we (the applicant/s) agree to abide with any Health documentation provided to us by the Shire of Coolgardie in relation to this application, and that non-compliance may jeopardise any future applications made by us.

SIGNATURE

DATE

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**\*Please note – associated application fees are non-refundable.**