

## 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						
<p>These procedures—hairdressing/barber, dermal filler/anti-wrinkle injections (when administered by a medical practitioner), lash extensions, IPL and massage—<b>do not</b> require notification as they are not considered skin penetration.</p>						
<p>Tick all that apply to your business:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Acupuncture</td> <td style="width: 50%;"><input type="checkbox"/> Manicure/Pedicure</td> </tr> <tr> <td><input type="checkbox"/> Body piercing</td> <td><input type="checkbox"/> Body modification</td> </tr> <tr> <td><input type="checkbox"/> Waxing/Threading</td> <td><input type="checkbox"/> Tattooing/Cosmetic tattooing</td> </tr> </table> <p>If you are undertaking beauty therapy treatments other than those listed, please detail each type of treatment:</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Manicure/Pedicure	<input type="checkbox"/> Body piercing	<input type="checkbox"/> Body modification	<input type="checkbox"/> Waxing/Threading	<input type="checkbox"/> Tattooing/Cosmetic tattooing
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## 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: \$ 197.00 - 26/27 FY