

Hairdresser, Beauty & Skin Penetration Notification Form

This form is designed for a single business location.

1 - Business Ownership Details

Name of Proprietor		
Business Contact Person same as Proprietor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Phone		
Mobile Phone		
Email <small>(For Council use only)</small>		

2 - Business Location Information

Registered Business Name	
Business Location Address	
Mailing Address	
Mobile Phone	
ABN	

3 - Business Type

Hairdresser Barber Beauty Therapist Piercing Salon Tattooists

Other:

Other:

4 - Premise Type

Retail Residential / Home-Based

Council's Planning and Development should be contacted to discuss any planning requirements that may be applicable

5 - Date Business Commenced

Date: _____

6 - Please provide a short description of the business and its operations

7 - Activities Undertaken (Please select the activities undertaken by your business)

- Haircutting
 Face Shaving
 Neck Shaving
 Beauty Therapy
 Body Waxing
 Manicures/Pedicures
 Nails
 Body Waxing
 Acupuncture
 Ear Piercing
 Body Piercing
 Tattooing
 Other

Other:

8 - Declaration

I accept this declaration

Notification submitted by: _____

Signed _____

Date _____

For Office Use Only

Notification received by: _____

Date Notification received: _____ / _____ /20