

Registration Form – Skin Penetration Premises



Town of Cottesloe

The application for registration of a Skin Penetration premises should be prepared in accordance with *Health (Miscellaneous Provisions) Act 1911*, the *Health (Skin Penetration Procedure) Regulations 1998* and the Skin Penetration Code of Practice.

1. BUSINESS DETAILS

Registered Business Name:			
Company Name:		ABN/ ACN:	
Address of Premises:	Shop no.	Unit no.	Street no.
	Street name		Suburb
Postal Address:			
Phone:		Fax:	
Email:		Number of equivalent full time staff:	

2. PROPRIETOR'S DETAILS (Applicant)

Proprietor's Full Name:			
Residential Address:	Unit no.	Street no.	Street name
	Suburb		Postcode
Phone:		Mobile:	
Fax:		Email:	

3. TYPE OF SKIN PENETRATION PROCEDURE CARRIED OUT (Tick all that apply)

<input type="checkbox"/>	Tweezing	<input type="checkbox"/>	Skin piercing
<input type="checkbox"/>	Waxing	<input type="checkbox"/>	Threading
<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Dermal Anchors
<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Permanent makeup
<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Shaving

Declaration: I declare that all information contained in this notification is true and correct

Signature: _____ Date: _____

Full Name: _____

Application fee is \$100. Please note: all invoices will be sent to the proprietor of the business.