

*Privacy:*

The personal information that you have provided in this form is for Council purposes only and will be viewed by Councillors and Council staff only.



## PUBLIC HEALTH REGISTRATION APPLICATION FORM

**BUSINESS TO BE REGISTERED:**

NEW PREMISES  EXISTING PREMISES  MOBILE PREMISES

TRADING NAME: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ADDRESS: SHOP NO \_\_\_\_\_ STREET NO \_\_\_\_\_ STREET \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

**PROPRIETOR:**

REGISTERED NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE (HOME): \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

**SERVICES: (please select)**

ACUPUNCTURE  BEAUTICIAN  BODY PIERCING  COLONIC LAVAGE  COSMETIC TATTOO  EAR PIERCING  
 ELECTROLYSIS  HAIRDRESSING/BARBER  LASER  MANICURE  MICRO DERMABRASION  PEDICURE  SHAVING  
(RAZOR OR CUTTHROAT)  SPRAY TAN  TATTOO  WAXING  OTHER (PLEASE SPECIFY) \_\_\_\_\_

TRADING HOURS: \_\_\_\_\_

**APPLICANT'S AUTHORITY:**

I HEREBY APPLY FOR REGISTRATION OF THE SKIN PENETRATION PREMISES DESCRIBED IN THIS APPLICATION.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Connect - Create - Celebrate**

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All correspondence to: The Chief Executive Officer - PO Box 63 - Blacktown NSW 2148