## Hawkesbury City Council



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## Registration for Hairdresser / Skin penetration Premises Under the Local Government (General) Regulation 2005 and Public Health Regulation 2012

| Business / Trading N  | ame                            |   |   |
|---|--------------------------------|---|---|
| Address of Premises   |                                |   |   |
|   |                                |   |   |
| Postcode  |                                |   |   |
| ABN   |                                |   |   |
| Name of Proprietors   | Partners (in full)             |   |   |
| Title   | st Name                        | Surname                                     |   |
| Title Fir   | st Name                        | Surname                                     | _ |
| Contact details of Proprietors / Partners   |                                |   |   |
| Postal Address - Busir  | ess                            |   |   |
| Residential Address -   | Proprietor                     |   |   |
| Email Address   |                                |   |   |
| Contact Phone numb  | ers of Proprietors / Partners  |   |   |
| Business Contact Nun  | ber                            |   |   |
| Mobile Contact Number   | er                             |   |   |
| Reason for Application $\square$ Unsure whether registered $\square$ Updating details $\square$ New Business / Proprietor |                                |   |   |
| General   |                                | Skin Penetration                            |   |
| Hairdressing / Barber   | □ Waxing                       | ☐ Colonic lavage ☐                          |   |
| Bleaching / Colouring   | □ Tattooing                    | □ Acupuncture □                             |   |
| Spray Tan   | ☐ Cosmetic tattooing           | ☐ Body, nose & ear piercing ☐               |   |
| Eye lash extensions   | ☐ Microdermabrasion            | □ Cosmetic fillers □                        |   |
| Massage   | □ Needling                     | □ Razor scraping □                          |   |
| Foot spa  | ☐ Lancing                      | ☐ Cuticle Cutting ☐                         |   |
| Laser Hair removal  | □ Electrolysis                 | □ Drilling & filling for artificial nails □ |   |
| Other:  |                                |   |   |
| Has development consent been granted for the proposed activities?   |                                |   |   |
| □ Yes DA Number   |                                |   |   |
| □ Unsure  |                                |   |   |
| If you are unsure, you are required to establish whether a consent has already been granted or whether                    |                                |   |   |
|   | s require development consent. | , 5   |   |
| Name of Applicant   |                                |   |   |
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