

Skin penetration/beauty/hair business registration

Public Health Act 2010, Public Health Regulation 2022

Council collects business details in accordance with the notification of carrying out of skin penetration procedures requirements of the Public Health Act 2010 and Public Health Regulation 2022. Council requires proprietor and business details to register your business. This form is to be used if you are starting a new business, taking over an existing business or changing the details of a current business.

Business details

Business name

Business address

Phone Mobile Email

ABN (if any) ACN (if any)

What is your business structure?

- Company Partnership Sole Trader Other, please specify below

Proprietor 1 details

Given name/s Surname

Residential address

Phone Mobile Email

Proprietor 2 details

Given name/s Surname

Residential address

Phone Mobile Email

Procedures conducted (please select)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Cosmetic tattooing | <input type="checkbox"/> Pedicure |
| <input type="checkbox"/> Beauty therapy | <input type="checkbox"/> Hairdressing only | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Blood testing | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Colonic lavage | <input type="checkbox"/> Manicure | <input type="text"/> |

Declaration and signature of applicant

- I/we hereby provide information to Council for registration of a skin penetration/beauty/hairdressing business in the MidCoast Council area.
- I/we understand that the business will be subject to regular health inspections by Council's authorised officers.
- I/we understand Council must be notified within seven (7) days of any change in the particulars provided above.
- I/we confirm that the above particulars are true and correct.

Proprietor's signature (if submitting electronically, print name)

Date

Proprietor's signature (if submitting electronically, print name)

Date

How to lodge this form

Completed form can be:

- Email council@midcoast.nsw.gov.au; or
- Forwarded by post; or
- Lodged at our Customer Service Counter - Monday to Friday (excluding Public Holidays).

Office use only

Registration number

Entered