



953 South Coast Highway (PO Box 183)
 Denmark Western Australia 6333
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Application for Approval to Establish or Alter a Miscellaneous Health Premises

New Business Change of ownership of existing business Alteration to existing business

Applicants Details	
Applicant's Full Name:	
Residential Address of Applicant(s):	
Postal Address of Applicant(s):	
Telephone Number:	Mobile Number:
Facsimile:	Email:

Business Details	
Proposed / Existing business Name:	
Phone Number:	
Street Number:	
Street Name:	
Locality/Suburb:	

Type of Business / Services Offered (or being added to existing business)		
<input type="checkbox"/> Hairdresser	<input type="checkbox"/> Tattoo Parlour	<input type="checkbox"/> Acupuncturist
<input type="checkbox"/> Massage	<input type="checkbox"/> Body Piercing / Modification	<input type="checkbox"/> Beauty Therapy
<input type="checkbox"/> Pedicure	<input type="checkbox"/> Manicure	<input type="checkbox"/> Spray Tan
<input type="checkbox"/> Cosmetic Tattooing	<input type="checkbox"/> Electrolysis	
<input type="checkbox"/> Other (please detail):		

Type of premises being applied for, or added to existing business		
<input type="checkbox"/> Fixed Address	<input type="checkbox"/> Mobile	<input type="checkbox"/> Both
Estimated number of staff:		

Please provide a brief summary/outline of the cleaning, disinfection or sterilisation procedures undertaken & equipment used

(if you have a documented cleaning schedule, please attach a copy to this application form)

If available, please provide copies of relevant qualifications or certificates of training, or certificate of registration with Australian Health Practitioner Registration Authority

Hours of operation:

Monday:		Friday:	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Please provide a scaled floor plan or alterations with this application, including (not necessary for mobile businesses):

- (a) The use of each room;
- (b) The structural finishes of every wall, floor and ceiling;
- (c) The position and types of every fitting and fixture; and
- (d) All sanitary conveniences, change-rooms, storerooms, ventilating systems, drains and provision for waste disposal.

Declaration:

I, the person making this application declare that:

- The information contained in this application is true and correct in every particular.
- I enclose the current application fee

Signature of Applicant:	
Date:	

**** DISCLAIMER ****

This information contained in this document is a guide only. Verification with original Local Laws, Acts, Planning Schemes, and other relevant documents is recommended for detailed references. The Shire of Denmark accepts no responsibility for errors or omissions.