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## Application for Approval to Establish or Alter a Hair / Beauty / Skin Penetration Business Form

New Business  Change of Ownership of Existing Business  Alteration to Existing Business

### Applicant Details

Applicant Full Name:	
Residential Address:	
Postal Address:	
Telephone Number:	Mobile Number:
Email:	

### Business Details

Business Name:	
Phone Number:	
Street Number:	
Street Name:	
Locality/Suburb:	

### Type of Business / Services Offered

<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 (specify):		

### Type of Premises being applied for, or added to existing business

Fixed Address	Mobile	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 the Australian Health Practitioner Registration Authority. • Attach additional information as required		

### Hours of Operation

Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Sunday	

### Floor Plan Requirements

Please provide a scaled floor plan or alterations with this application (no necessary for mobile businesses), including:

- The use of each room
- The structural finishes of every wall, floor and ceiling
- The position and types of every fitting and fixture and
- All sanitary conveniences, change rooms, storerooms, ventilation 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:	
Date:	

**Disclaimer** - The information contained in this document is a guide only. Verification against the original Local Laws, Acts, Planning Schemes, and other relevant documents is recommended for detailed reference. The Shire of Denmark accepts no responsibility for errors or omissions.