

APPLICATION FORM

REGISTRATION OF PERSONAL CARE PREMISES

BUSINESS DETAILS			
Proprietor Name			
ABN			
Premises Address			
Suburb		Postcode	
Postal Address (if different)			
Suburb		Postcode	
Premises Phone Number			
PLEASE TICK THE RELEVANT BOXES			
Waxing	<input type="checkbox"/>	Hairdressing	<input type="checkbox"/>
Tattooing procedures	<input type="checkbox"/>	Cosmetic procedures	<input type="checkbox"/>
Other			
Nail Salon	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>
APPLICANT DETAILS			
Applicant Name			
Residential Address			
Suburb		Postcode	
Phone Number			
E-mail			
DECLARATION			
<p>Town planning application has been lodged or approved.</p> <p>I have included a fit-out plan with full layout (must be included to be assessed).</p> <p>I understand that the City's Environmental Health Services will action this form within 15 working days.</p>			
Full Name			
Signature			

Application Fee: \$68.00 Annual Registration Fee: \$68.00 COA: 22010213 Receipt Number: _____