



DETAILS OF APPLICATION

NAME OF BUSINESS:

BUSINESS ADDRESS:

BUSINESS PHONE:

NAME OF PROPRIETOR/
OWNER:

HOME ADDRESS OF
PROPRIETOR:

PHONE NUMBER:

EMAIL ADDRESS:

SKIN PENETRATION PROCEDURES PROPOSED TO BE PERFORMED	PLEASE TICK
TATTOOING	<input type="checkbox"/>
HAIRDRESSING (INC. SHAVING NICKS, CUTS AND ABRASIONS CAUSED BY SCISSORS)	<input type="checkbox"/>
ACCUPUNCTURE	<input type="checkbox"/>
EAR PIERCING (INCLUDING BRANDING AND SCARRING)	<input type="checkbox"/>
WAX DEPILATION	<input type="checkbox"/>
ELECTROLYSIS	<input type="checkbox"/>
PERMANENT EYEBROW AND LIP LINING	<input type="checkbox"/>
MANICURE	<input type="checkbox"/>
PEDICURE	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>

FEE FOR A HAIRDRESSER/SKIN PENETRATION APPLICATION:

SIGNATURE:

DATE:

PLEASE NOTE: Some skin penetration premises will require additional Shire Planning and Building approvals. Please contact our Planning and Building staff to clarify any queries in this regard.