

Hairdressing, Beauty and Skin Penetration

Premises Registration Form

Environmental Planning & Assessment Act 1979

FORM 30

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| **Please indicate purpose of this form**  |  |
| * New Premises

Date Opened: | * Change of Details
 | * Change of Proprietor

Date ownership changed: |

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| **1. Premise Business Details**  |
| Business Trading Name  |       |
| Shop No.  |  | Street No.  |  | Street Name:  |  |
| Postal Address |       | * As above
 |
| Phone |       | Email |       |
| ABN/ACN:  |  | Operation Hours:  |  |

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| **2. Proprietor Details**  |
| Applicant Name |       |
| Postal Address |            |
| Phone |       | Email |       |

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| **3. Procedures Conducted at the Premises (Please tick)**  |
| * Hairdressing/Barber
 | * Ear/nose piercing
 | * Body Piercing
 | * Tattooing
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| * Manicure/Pedicure
 | * Acupuncture
 | * Electrolysis
 | * Facials
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| * Colonic Lavage
 | * Waxing/Tinting
 | * Cutting/scarring of the skin
 | * Other
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| * Spray Tanning
 | * Microdermabrasion
 | * Laser Treatment
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| **4. New Premises/Change of use**  |
| Development Consent/Complying Development Certificate obtained | * N/A
 | * YES
 | * NO
 |
| Construction Certificate for the premises fir-out obtained: | * N/A
 | * YES
 | * NO
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| **5. Applicant Declaration**  |
| I have read, understood and fully comply with the relevant food safety requirements. I declare that the information provided on this form is accurate, complete and correct.  |
| Applicant Name  | Applicant Signature  | Date  |
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| **6. Lodgement Details**  |
| You can lodge your notification by;  EMAIL: council@edwardriver.nsw.gov.au IN PERSON: Council Office - 180 Cressy Street, DENILIQUIN MAIL: PO BOX 270, DENILIQUIN NSW 2710 |