

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 |
| * Manicure/Pedicure | * Acupuncture | * Electrolysis | * Facials |
| * Colonic Lavage | * Waxing/Tinting | * Cutting/scarring of the skin | * Other |
| * 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](mailto:council@edwardriver.nsw.gov.au)  IN PERSON: Council Office - 180 Cressy Street, DENILIQUIN  MAIL: PO BOX 270, DENILIQUIN NSW 2710 |