

Hair, Beauty & Skin Penetration Registration Application

Business Details: (the business owner / operator to keep details current with Council)					
Name of Premises:					
A.B.N:					
Address of Premises:					
Postal Address:					
Email:					
Phone Number:			Mobile Number:		
Owner Name:			Manager Name:		
Contact Person:		Owner / Manager (circle)	Number of Staff:		
Please tick all that apply:					
Business Type:	☐ Hairdresser		☐ Beautician	☐ Beautician	
	☐ Acupuncturist		☐ Tattooist	□ Tattooist	
	☐ Body Piercing		☐ Other (pleas	☐ Other (please specify)	
Services Provided:	☐ Hairdressing		□ Tattooing	□ Tattooing	
	☐ Waxing		☐ Permanent Makeup		
	☐ Waxing (including bikini & XXX)		☐ Eyelash / Eyebrow Tinting		
	☐ Piercing (ear only)		☐ Nail Manicures / Pedicures		
	☐ Piercing (body piercing)		□ Facials		
	☐ Electrolysis		□ Lancing		
	☐ Acupuncture		□ Massage		
	☐ Other (please specify)				
Premises Type:	☐ Commercial		☐ Mobile Haird	☐ Mobile Hairdresser / Beautician	
	☐ Home Based				
Guidelines: Is there are copy of the relevant guidelines available on site for staff? Yes / No					
(Copies available <u>www.sahealth.sa.gov.au</u> – Protecting Public Health – Hairdressing, body art and piercing)					
Please note the premises may be inspected by an authorised officer of Council to regulate the Public Health Act 2011					
Signaturo			Data		