



APPLICANT DETAILS			
Name of proprietor(s):			
Name of business:		ABN:	
Premises address:			
Email:		Contact number(s):	
Postal address:			
If the business is a home occupation, has planning approval been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
BUSINESS DETAILS			
What is the business type: (please tick all the boxes that apply, there may be more than one)			
Type:	<input type="checkbox"/> Beauty therapy	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Skin penetration
Procedures offered: (please tick all the boxes that apply, there may be more than one)			
High risk procedure:	<input type="checkbox"/> Body piercing	<input type="checkbox"/> Cosmetic tattooing	<input type="checkbox"/> Colonic irrigation
	<input type="checkbox"/> Ear piercing	<input type="checkbox"/> Botox	<input type="checkbox"/> Skill rolling/needling
	<input type="checkbox"/> Tattooing	<input type="checkbox"/> Shaving	<input type="checkbox"/> Tattoo removal
	<input type="checkbox"/> Branding	<input type="checkbox"/> Suspension	<input type="checkbox"/> Other _____
Moderate risk procedures:	<input type="checkbox"/> Manicure/pedicure	<input type="checkbox"/> Waxing	<input type="checkbox"/> Tweezing
	<input type="checkbox"/> Artificial nails	<input type="checkbox"/> Threading	<input type="checkbox"/> Chemical peels
	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Skin whitening
	<input type="checkbox"/> Teeth whitening	<input type="checkbox"/> IPL	<input type="checkbox"/> Other _____
Low risk procedures:	<input type="checkbox"/> Hair cutting	<input type="checkbox"/> Personal foot spa	<input type="checkbox"/> Mud soak/milk bath
	<input type="checkbox"/> Perming	<input type="checkbox"/> Cupping	<input type="checkbox"/> Spa/hot tub
	<input type="checkbox"/> Facials	<input type="checkbox"/> Body wrap	<input type="checkbox"/> Sauna/steam room
	<input type="checkbox"/> Colouring hair	<input type="checkbox"/> Dermabrasion/ exfoliation	<input type="checkbox"/> Applying makeup
	<input type="checkbox"/> Face mask		<input type="checkbox"/> Other _____
Very low risk procedures:	<input type="checkbox"/> Applying nail polish	<input type="checkbox"/> Light therapy	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Spray tans	<input type="checkbox"/> Hair washing/styling	
ADDITIONAL INFORMATION			
The following is to be provided with this application:			
<input type="checkbox"/> Permit fee		<input type="checkbox"/> Scaled site plan for the premises	
DECLARATION			
I/we declare that all details in this form are true and correct.			
Signature:		Date:	