

## Hairdressing, Personal Care and/or Skin Penetration Premises Notification Form

To: Chief Executive Officer  
 Shire of East Pilbara

I, \_\_\_\_\_ do hereby apply to register the premises described hereunder and depicted in the plan lodged with the Shire of East Pilbara.

### Premise / Business Details

Trading Name: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Contact Phone:                      Premise: \_\_\_\_\_                      Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business:                      Home occupation                      Mobile                      Commercial                      Other

- Details of proposed operation:**     Hairdressing                       Beauty treatments     Waxing  
 Tattooing                       Cosmetic enhancements     Body piercing                       Acupuncture  
 Shaving (*e.g. use of cut throat / disposable razors*)     Additional Activities \_\_\_\_\_

### Proprietor Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone:                      Premise: \_\_\_\_\_                      Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Town Planning application has been lodged or approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment sterilization procedure                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hair dye preparation                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cleaning and maintenance procedure                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I have read applicable regulations pertaining to my business and declare that all information provided is complete, true and correct.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_