



577 Hannan St, Kalgoorlie
PO Box 2042, Boulder WA 6432

Telephone: (08) 9021 9600
Facsimile: (08) 9021 6113

APPLICATION FOR REGISTRATION OF PERSONAL CARE PREMISES

To: Chief Executive Officer
City of Kalgoorlie-Boulder

I/We* _____
(Full name(s))

of _____
(Address)

Do hereby apply to register the premises described hereunder and depicted in the plan lodged with the City of Kalgoorlie-Boulder.

Business Trading Name: _____

Description of Premises: _____

Address of Premises: _____

Postal Address of Premises: _____

Name of Manager/Owner: _____

Home Address of Manager/Owner: _____

Town Planning Application Has Been Lodge or Approved Yes ~~XXXXXX~~ No

Contacts Details:

Premises phone: _____ Mobile: _____

Email: _____

(Signature of Applicant)

(Date)

Office use only	
Checked by officer:	Application personal care / skin penetration business ACCOUNT: 22010213 Fee: \$64.50