

## APPLICATION FORM

# REGISTRATION OF PERSONAL CARE PREMISES

BUSINESS DETAILS			
Business Trading Name			
ABN			
Premise Address			
Suburb		Postcode	
Postal Address (if different)			
Suburb		Postcode	
Premise Phone Number			
PLEASE TICK THE RELEVANT BOXES			
Waxing	<input type="checkbox"/>	Hairdressing	<input type="checkbox"/>
Tattooing procedures	<input type="checkbox"/>	Cosmetic procedures	<input type="checkbox"/>
Other			
Nail Salon	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>
APPLICANT DETAILS			
Name of Manager/Owner			
Residential Address			
Suburb		Postcode	
Phone Number			
E-mail			
DECLARATION			
<p>Town planning application has been lodged or approved.</p> <p>I have attached a site plan showing the set up.</p> <p>I understand that the City's Environmental Health Services will action this form within 15 working days.</p>			
Full Name			
Signature			

Registration fee: \$65.80

COA: 22010213

Receipt Number: \_\_\_\_\_