

Application for Approval to Establish Skin Penetration Premises

Proprietor Details

Name:			
Address:			
	Suburb:	Code	
Contact No:	(H)	(W)	(M)
Email:		Fax:	

Business Details

Business Name:			
Business Address:			
	Suburb:	Code	
Postal Address:			
	Suburb:	Code	
Contact No:	(H)	(W)	(M)
Email:		Fax:	

Activities to be undertaken

Beauty Therapy	Makeup <input type="checkbox"/>	Nails <input type="checkbox"/>	Massage <input type="checkbox"/>	Waxing <input type="checkbox"/>
Skin Penetration	Body Piercing <input type="checkbox"/>	Tattooing <input type="checkbox"/>	Acupuncture <input type="checkbox"/>	Electrolysis <input type="checkbox"/>
Other				

Please forward your completed form and application fee to the above address with two (2) copies of detailed plans showing the proposed layout.

