

REGISTRATION FORM

Skin Penetration Premises



The Town of Cottesloe is required to maintain a register of premises where skin penetration procedures are being carried out. You as the owner/occupier of premises where such procedures are being carried out are therefore required to complete the below registration form.

1. BUSINESS DETAILS

Trading Name:				
Organisation Name:			ABN/ ACN:	
Address of Premises:	Shop no.	Unit no.	Street no.	
	Street name		Suburb	Postcode
Postal Address:				
Phone:			Fax:	
Email:			Number of equivalent full time staff:	

2. PROPRIETOR'S DETAILS (Applicant)

Proprietor's Full Name:				
Residential Address:	Unit no.	Street no.	Street name	
	Suburb			Postcode
Phone:		Mobile:		
Fax:		Email:		

3. TYPE OF SKIN PENENTARTION PROCEDURE CARRIED OUT *(Tick all that apply)*

<input type="checkbox"/>	Hairdressing Only	<input type="checkbox"/>	Ear piercing
<input type="checkbox"/>	Waxing	<input type="checkbox"/>	Body piercing
<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Manicure/Pedicure
<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Permanent eye-brow and lip lining
<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Shaving

Declaration: I _____ (name of proprietor) making this notification declare that the information contained in this notification is true and correct in every particular on behalf of _____ (organisation name of business).

Please note: All invoices to be sent to the proprietor of the business