City of Mount Gambier

Hair, Beauty & Skin Penetration Registration Application

Business Details: (the business owner / operator must keep details current with Council)			
Name of Premises:			
A.B.N:			
Address of Premises:			
Postal Address:			
Email:			
Phone Number:		Mobile Number:	
Owner Name:		Manager Name:	
Contact Person:	Owner / Manager (circle)	Number of Staff:	

Please tick all that apply:		
Business Type:	☐ Hairdresser ☐ Acupuncturist ☐ Body Piercing	☐ Beautician ☐ Tattooist ☐ Other (please specify) _____
Services Provided:	☐ Hairdressing ☐ Waxing ☐ Waxing (including bikini & XXX) ☐ Piercing (ear only) ☐ Piercing (body piercing) ☐ Electrolysis ☐ Acupuncture ☐ Other (please specify)	☐ Tattooing ☐ Permanent Makeup ☐ Eyelash / Eyebrow Tinting ☐ Nail Manicures / Pedicures ☐ Facials ☐ Lancing ☐ Massage _____
Premises Type:	☐ Commercial ☐ Home Based	☐ Mobile Hairdresser / Beautician

Guidelines: Is there are copy of the relevant guidelines available on site for staff? **Yes / No**

(Copies available www.sahealth.sa.gov.au – Protecting Public Health – Hairdressing, body art and piercing)

Please note the premises may be inspected by an authorised officer of Council to regulate the Public Health Act 2011

Signature: _____ **Date:** _____