

**Hairdressing, Beauty, Skin Penetration and Massage Premises / Mobile Business Registration Form**

## Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

**Please indicate purpose for submitting this form:**

- |   |  |
|---|--|
| <input type="checkbox"/> New Premises - date opened:                    | <input type="checkbox"/> Change of Details |
| <input type="checkbox"/> Change of Proprietor - date ownership changed: | <input type="checkbox"/> Mobile Business   |

**Premise and Business Details**

Business Trading Name: (as registered with Office of Fair Trading)			
Shop No:	Street No:	Street Name:	
Suburb:		Post code:	
Business Phone:		ABN/CAN:	
Registered Email:			
Operation Hours:			
Social Media Pages:			

**Proprietor Details**
**Proprietor 1 - All correspondence and invoices will be sent to this proprietor  
(no PO Boxes or shop address details will be accepted)**

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First Name:		
Address:				
Phone:		Mobile:		

**Proprietor 2 - if applicable**

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First Name:		
Address:				
Phone:		Mobile:		

**Company Details - if applicable**

Name:	
Registered Office Address:	

**Vehicle Details (mobile premises only)**

Make:		Model:		Registration No:	
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**Address where the vehicle will be garaged**

Street No:		Street Name:	
Suburb:		Postcode:	

**Procedures Conducted (please tick)**

 Please indicate which procedures will be carried out by ticking the appropriate box :

- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Hairdressing/Barber | <input type="checkbox"/> Ear/Nose Piercing | <input type="checkbox"/> Body Piercing                 | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Manicures/Pedicure  | <input type="checkbox"/> Acupuncture       | <input type="checkbox"/> Threading                     | <input type="checkbox"/> Facials   |
| <input type="checkbox"/> Colonic Lavage      | <input type="checkbox"/> Waxing / Tinting  | <input type="checkbox"/> Cutting/Scarring of the Skin  | <input type="checkbox"/> Massage   |
| <input type="checkbox"/> Spray Tanning       | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Laser Treatment/ Electrolysis | <input type="checkbox"/> Other     |

**New Premises/Change Of Use**

Development Consent/Complying Development Certificate obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Certificate for the premises fit-out obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**DATA AND DOCUMENT CONTROL**

Other Languages Spoken (please tick)			
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Korean	<input type="checkbox"/> Arabic	<input type="checkbox"/> Other:	
Email Authorisation to receive correspondence by email			
I authorise Campbelltown City Council to serve my assessment/inspection reports, invoices and where applicable, all applications, notices and orders for the abovementioned business by electronic mail (email).			
<input type="checkbox"/> Yes <input type="checkbox"/> No - Please send all correspondence via post to the proprietor's address.			
Applicant Declaration			
I declare that to the best of my knowledge, the information provided in this application is accurate and correct and I am duly authorised to submit this form.			
Applicant's Name:		Signature:	
Applicant's Position:		Date:	
How to lodge this registration form			
Address this registration form to: The General Manager Campbelltown City Council  Please forward this registration form by way of:  <b>Mail:</b> PO Box 57, CAMPBELLTOWN NSW 2560  <b>Courier or Personal Delivery:</b> Council Office Cnr Queen and Broughton Street CAMPBELLTOWN NSW  <b>Email:</b> <a href="mailto:council@campbelltown.nsw.gov.au">council@campbelltown.nsw.gov.au</a>		<b>How to contact us:</b> Phone: 4645 4000  <b>Registration fee required: \$105.00</b> (Acc. 1-1150-000-2335) (Registration fee does not apply for hairdressers, barbers and massage premises)  <b>Payment Methods:</b> You can pay by cash, credit card or cheque.  Make cheques payable to 'Campbelltown City Council'.  Do not send cash in the mail.  Please complete a Credit Card Authorisation if required, which can be downloaded from Council's website: <a href="http://www.campbelltown.nsw.gov.au">www.campbelltown.nsw.gov.au</a>	
Office Use Only			
Hairdressing, Beauty and Skin Penetration Premises / Mobile Business Categories			
High Risk (2 inspections per year)			
PHHR01	<input type="checkbox"/>	<b>Beauty Salon/Nail Artistry</b> (includes: manicures and pedicures, and/or one following treatments: waxing, tinting, facials, cosmetic enhancements, any piercing, microdermabrasion, electrolysis, laser treatment, and spray tanning)	
PHHR02	<input type="checkbox"/>	<b>Tattooing/Body Piercing/Enhancements</b> (includes: cutting and scaring)	
PHHR03	<input type="checkbox"/>	<b>Hair/Beauty Salon/Nail Artistry</b> (includes: hairdressing, manicures and pedicures, and/or the following treatments: waxing, tinting, facials, cosmetic enhancements, any piercing, solarium, microdermabrasion, electrolysis, laser treatment, and spray tanning)	
Medium Risk (1 inspection per year)			
PHMR01	<input type="checkbox"/>	<b>Hairdressing/ Barber</b>	
PHMR02	<input type="checkbox"/>	<b>Hairdressing/ Beauty Salon- Low Risk</b> (includes: waxing, tinting, facials, spray tanning)	
PHMR03	<input type="checkbox"/>	<b>Hairdressing/Beauty Salon-Low Risk/ear and nose piercing only</b>	
PHMR04	<input type="checkbox"/>	<b>Hairdressing/ear and nose piercing only</b>	
PHMR05	<input type="checkbox"/>	<b>Beauty Salon - Low Risk</b> (includes: waxing, tinting, facials, laser treatment and ear/ nose piercing only)	
PHMR06	<input type="checkbox"/>	<b>Acupuncture / Massage</b>	
Environmental Health Officer's Report:			
<b>Inspected by:</b>		<b>Inspection passed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Signature:</b>		<b>Date:</b>	
<b>Data Input by:</b>		<b>Licence Number:</b>	
<b>Next Inspection Date:</b>			

**DATA AND DOCUMENT CONTROL**