



Registration of a beauty, hair or skin penetration business

Fee: \$400

Public Health and Wellbeing Act 2008

Proprietor details

Type: Company Sole Trader Partnership

If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s:

Name/s: _____

ACN/ABN: _____

Postal address (including Town and Postcode): _____

Telephone: _____ Mobile: _____

Email: _____

Business details

Trading name: _____

Type of premises: _____

Address: _____

Contact person: _____

Telephone: _____ Mobile: _____

Email: _____

Type of procedures to be carried out by business

Lower risk services – one-off registration - tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Hairdressing/barber | <input type="checkbox"/> Spray Tanning |
| <input type="checkbox"/> Make up | <input type="checkbox"/> Eyebrow / lash tinting |

Higher risk services – annual registration – tick all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Beauty therapy +
Hairdressing | <input type="checkbox"/> Eyelash extensions | <input type="checkbox"/> Piercing (ear or body) |
| <input type="checkbox"/> Beauty therapy (i.e.
waxing) | <input type="checkbox"/> Facial or body treatments | <input type="checkbox"/> Skin treatments (i.e
microdermabrasion) |
| <input type="checkbox"/> Body modification | <input type="checkbox"/> Foot spa treatments | <input type="checkbox"/> Tattooing (includes
cosmetic tattooing) |
| <input type="checkbox"/> Colonic irrigation | <input type="checkbox"/> Hair removal by
electrolysis | <input type="checkbox"/> Tooth gems or whitening |
| <input type="checkbox"/> Dry needling | <input type="checkbox"/> Nail treatment | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Structure and Fit-out

The application must be accompanied by plans and specifications for materials and finishes for all surfaces including floors, walls, and bench tops. Plans are to comply with Department of Health, Health Guidelines for Personal Care & Body Art Industries.

Plans must show:

- All treatment areas
- Hand wash basin(s)
- Cleaning area and equipment sink
- Equipment storage areas
- The layout of all fixtures, fittings and equipment
- Surface finishes e.g. work station, floor, wall and ceiling finishes

Note: You cannot trade at the premises until an Environmental Health Officer has inspected the premises and a certificate of a Public Health and Wellbeing Act Registration is issued to you.

Declaration: I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge; and that this application forms a legal document and penalties exist for providing false or misleading information.

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print names(s). If the business is owned by a company or association – the applicants on behalf of that body must sign and print.

Registered proprietor's signature: _____ Date: _____

Print Name: _____

Privacy Statement

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

Payment options

- **In person:** present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.
- **By Mail:** cheque or money order – payable to Macedon Ranges Shire Council, or download and complete the authorisation below and mail the form and payment to PO BOX 151, KYNETON VIC 3444

Credit card payment authorisation

Mastercard: Visa:

I authorise you to charge the following amount to my credit card: \$ _____

Name on card: _____

Credit card number:

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Expiry date (xx/xx): _____ Signature: _____