NOTIFICATION OF A SKIN PENETRATION/BEAUTY THERAPY/HAIR DRESSING BUSINESS
Health (Skin Penetration Procedure) Regulation 1998
Hairdressing Establishment Regulations 1972

City of Karratha

The City of Karratha is committed to working towards a paperless environment and reducing our environmental footprint, therefore we encourage you to complete and submit your application electronically.

APPLICANT DETAILS

Name of proprietor(s):

Name of business:

Premises address:

Email:

Phone: | **Mobile:**

Postal address:

If the business is a home occupation, has planning approval been obtained? ☐ Yes ☐ No

BUSINESS DETAILS

What is the business: (please tick all the boxes that apply, there may be more than one)

Type:	☐ Beauty therapy	☐ Hairdressing	☐ Skin penetration

What procedures are offered by the business: (please tick all the boxes that apply, there may be more than one)

High risk procedure:	☐ Body piercing ☐ Ear piercing ☐ Tattooing ☐ Branding ☐ Scarification	☐ Cosmetic tattooing ☐ Botox ☐ Shaving ☐ Suspension ☐ Stretching with flesh tunnels	☐ Colonic irrigation ☐ Skill rolling/needling ☐ Tattoo removal ☐ Other _____
Moderate risk procedures:	☐ Manicure/pedicure ☐ Artificial nails ☐ Acupuncture ☐ Teeth whitening	☐ Waxing ☐ Threading ☐ Electrolysis ☐ IPL	☐ Tweezing ☐ Chemical peels ☐ Skin whitening/bleaching ☐ Other _____
Low risk procedures:	☐ Hair cutting ☐ Perming ☐ Facials (without chemical peel) ☐ Tinting or bleaching hair ☐ Applying makeup	☐ Personal foot spa ☐ Dermabrasion/exfoliation ☐ Cupping ☐ Body wrap ☐ Face mask	☐ Mud soak/milk bath ☐ Spa/hot tub ☐ Sauna/steam room ☐ Other _____
Very low risk procedures:	☐ Applying nail polish ☐ Spray tans	☐ Light therapy ☐ Hair washing/styling	☐ Other _____

HOURS OF OPERATION

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I/we declare that all details in this form are true and correct.

Signature: | **Date:**