Environmental Health Services

NOTIFICATION OF A SKIN PENETRATION / BEAUTY THERAPY / HAIRDRESSING BUSINESS

Health (Skin Penetration Procedure) Regulations 1998
Hairdressing Establishment Regulations 1972

APPLICANT DETAILS

Name of proprietor(s):		
Name of business:		
Premises address:		
Postal address:		
Phone:	Fax:	Mobile:
Email:		
If the business is a home occupation, has planning approval been obtained? Yes/No		

BUSINESS DETAILS

What is the type of business? Please tick (✓) **all** boxes that apply (there may be more than one)			
Type:	☐ Skin penetration	☐ Hairdressing	☐ Beauty therapy
What procedures are offered by the business? Please tick (✓) **all** boxes that apply (there may be more than one)			
High risk procedures:	☐ Body piercing ☐ Ear piercing ☐ Tattooing ☐ Branding ☐ Scarification	☐ Cosmetic tattooing ☐ Botox ☐ Shaving ☐ Suspension ☐ Stretching for flesh tunnels	☐ Colonic irrigation ☐ Skin rolling or needling ☐ Tattoo removal ☐ Other ________________
Moderate risk procedures:	☐ Manicure/pedicure ☐ Artificial nails ☐ Acupuncture ☐ Teeth whitening ☐ Waxing	☐ Threading ☐ Electrolysis ☐ IPL ☐ Tweezing ☐ Chemical peels	☐ Personal foot spa ☐ Spray tans ☐ 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 ☐ Other ________________	☐ Light therapy	☐ Hair washing/styling

HOURS OF OPERATION

Mon	Tue	Wed	Thu	Fri	Sat	Sun

I attach an accurate site and layout plan of the business. I/We declare that all details in this form are true and correct.

_______________________________________ _______________________________

Signature of applicant Date

Once this application has been completed, please return it to the City via any of the below methods.

Email	Scan and email to enquiries@karratha.wa.gov.au	Fax	Fax to 08 9185 1626
Mail	City of Karratha PO Box 219 KARRATHA WA 6714	In person	Visit the Administration Office at Welcome Road KARRATHA WA 6714

OFFICE USE ONLY

Payment received: ______________________________ Payment: $ ____________________

Record #: ____________________________________ Premises code: __________________