



## APPLICATION FOR SKIN PENETRATION, BEAUTY THERAPY PREMISES

**Please Note: Fee increases may apply 1 July each financial year.**

<b>FEES:</b>	<b>Application Fee:</b>	<b>\$ 90.00 (No GST)</b>
	<b>Inspection Fee :</b>	<b>\$118.00 (includes GST)</b>
	<b>TOTAL FEES WITH THIS FORM</b>	<b>\$208.00</b>

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### ADDRESS OF BUSINESS:

NAME OF BUSINESS: \_\_\_\_\_ ABN: \_\_\_\_\_

STREET NO: \_\_\_\_\_ STREET \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### TYPE OF BUSINESS: (Please tick all boxes applicable)

Home occupation  Mobile  Commercial

### TYPE OF ACTIVITIES: (Please tick all boxes applicable)

General Beauty Therapy  Body Waxing  Massage

Acupuncture  Skin Piercing  Shaving

Tattooing  Facials and/ or microdermabrasions  Electrolysis

Manicures and/ or pedicures  Acrylic nails  Ear- or nose-piercing

Lancing (i.e. removal of blackheads, ingrown hairs etc)  Make-up application

Eye lash and eye brow (tinting/ extension)  Solarium/ tanning booth

Other activities: \_\_\_\_\_

### FACILITIES: (Please circle)

Hot water service provided YES/ NO  
Laundry facilities Available on the premises / taken home for washing  
Refreshments provided? (e.g. complimentary drinks/ food for clients) YES\*/ NO  
\*Food business must be notified under the Food Act 2008.

QUALIFICATIONS/ TRAINING: \_\_\_\_\_

**PLEASE NOTE: The following 3 information items **MUST** be provided in writing with this application, or it will not be processed.**

Copy of the internal fittings detailed layout showing the locations of the following:

1. procedures area e.g. for waxing, tattooing, massage etc (please indicate the type of floor covering, walls, ceiling, shelves, fittings and any other furniture present);
2. hand free type hand wash basin supplied with hot and cold water, soap and paper towels in the immediate treatment area;
3. sink designated for cleaning and decontaminating equipment only;
4. work space and preparation area (separate from treatment areas);
5. work stations;
6. instruments and equipment storage area;
7. preparation area for refreshments;
8. general waste and medical wastes receptacles;
9. natural/ mechanical ventilation (e.g. windows, evaporative air-conditioner outlet etc).

Details of sterilisation equipment(s) to be used (if applicable)

Please include the following details:

- Equipment brand name and model no.
- Type (autoclave/ dry heat)
- Specifications (temperature, pressure and time)
- Details of calibration including certificate of calibration
- Details of maintenance including servicing details and log sheets

Disinfection and/ or sterilisation plan

**Declaration:**

I, \_\_\_\_\_ (name of the applicant) making this application declare that the information contained in this application is true and correct in every particular.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In the case of a company, the signing officer must state position in the company

**Position (if applicable):** \_\_\_\_\_

**Office Use Only:**

Officer \_\_\_\_\_ Date \_\_\_\_\_ Licence \_\_\_\_\_ Approved / Refused