

**Hairdresser / Skin Penetration Premises Notification Form**

in the City of Kalamunda

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| **Details of Business** |
| Name of Business Owner: |
| Name of Business Manager (if different): |
| Business Address: |
| Postal Address: |
| Trading Name of Business: |
| Business Hours: |
| Phone: (W) (M) |
| Phone: (AH) Email: |
| **Type of Business** |
|  **Please tick all boxes that apply:*** Hairdresser
* Beauty Therapy
* Home Occupation Hairdresser
 | * Home Occupation Beauty Therapy
* Tattoo Parlour
* Other

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| **Services of Business** |
|  **Please tick all boxes that apply:*** Acupuncture
* Waxing
* Electrolysis
* Tweezing
* Body piercing
* Tattooing
* Hairdressing procedures (including dying, cutting etc.)
* Acrylic or gel filled nails
* Manicures
* Pedicures
* Massage
* Spray on tan
* Solarium
* Tinting
 | * Make – up
* Permanent make – up
* Facials *(specify types of treatments)*

   * Spa treatments *(specify types of treatments)*

   * Other

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| **Please Sign** |
| Signature of Applicant: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Further information can be obtained from the City of Kalamunda Health Service on 9257 9999.**