



OFFICE USE ONLY

Registration No:

Date:

LODGEMENT OF APPLICATION

Monday-Friday, 8:00am-4:30pm
Council: **Auburn Service Centre** - 1 Susan Street, Auburn NSW 2144
Merrylands Service Centre - 16 Memorial Avenue, Merrylands NSW 2160
Mail: The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160
Email: council@cumberland.nsw.gov.au

1. Business Owner Details

Shop Trading Name:

Business Owner Name:^

^ Note: This must be an individual's name (sole trader) OR a Corporation name (e.g. XYZ Pty Ltd)

Business ABN:^^

^^ Note: If Trust, require ABN/Details as well

2. Business Premises Details

Person in charge of business (if not the Business Owner):

Phone Number:

Mobile No:

Email:

Shop Address:

Unit no:

House no:

Street:

Suburb:

Postcode:

3. Address for service of Correspondence (including Notices and Letters)

Postal Address:

Unit no:

House no:

Street:

Suburb:

Postcode:

4. Occupiers Details (if different from the details above):

Occupier's Name:	<input type="text"/>			
Occupiers ABN/ACN:	<input type="text"/>			
Phone Number:	<input type="text"/>	Mobile No:	<input type="text"/>	
Email Address:	<input type="text"/>			
Residential Address:	Unit no:	<input type="text"/>	House no:	<input type="text"/>
	Street:	<input type="text"/>		
	Suburb:	<input type="text"/>	Postcode:	<input type="text"/>

5. Skin Penetration Activities Performed (tick all that apply):

<input type="checkbox"/>	Skin needling/Acupuncture^	<input type="checkbox"/>	Microdermabrasion
<input type="checkbox"/>	Ear Piercing	<input type="checkbox"/>	Nail services (manicures/pedicures)
<input type="checkbox"/>	Body/Nose Piercing	<input type="checkbox"/>	Waxing
<input type="checkbox"/>	Cosmetic Tattooing / Semi permanent makeup	<input type="checkbox"/>	Tattooing
<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Colonic Lavage
<input type="checkbox"/>	Other (specify)	<input type="text"/>	

^ If acupuncture is undertaken under the supervision of a practitioner registered with the Chinese Medicine Board of Australia, then it is not considered a skin penetration procedure for the purpose of the Public Health Act 2010.

6. Declaration

I hereby notify Cumberland City Council of the above information and declare the information provided to be correct

Applicant's Signature:	<input type="text"/>	Date:	<input type="text"/>
Applicants Name:	<input type="text"/>		

7. Privacy

The personal information that you have provided in this Form is for Council Purposes only