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|  | Skin Penetration Registration Form |
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| **OFFICE USE ONLY** | | | |
| **Registration No:** |  | **Date:** |  |

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| **LODGEMENT OF APPLICATION** | |
| **Council:** | Monday-Friday, 8:00am-4:30pm  **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](mailto:council@cumberland.nsw.gov.au) |

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| **Business Trading Details** | | |
| Trading Name: |  | |
| Business ABN: |  |  |
| ***Note:*** *If business owner is a Trust, provide Trustee ABN/details* | | |
| Business Name  (name of *sole trader) OR*  *Corporation/company name*  *(e.g. XYZ Pty Ltd)* |  | |
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| **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: | | |  |

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| **3. Address for service of Correspondence (including Notices and Letters) (If different form above)** | | | | | | | |
| Postal Address: | Unit no: | |  | House no: | |  | |
|  | | Street: |  | | | | |
|  | | Suburb: |  | | Postcode: | |  |

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| **4. Occupiers Details (if different from the details above):** | | | | | | | | | | | |
| Occupier’s Name: | | |  | | | | | | | | |
| Occupiers ABN/ACN: | | |  | | | | | | | | |
| Phone Number: |  | | | | | Mobile No: | | |  | | |
| Email Address: |  | | | | | | | | | | |
| Residential Address: | | Unit no: | | |  | | House no: | | |  | |
|  | | | | Street: |  | | | | | | |
|  | | | | Suburb: |  | | | Postcode: | | |  |

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| **5. Skin Penetration Activities Performed (tick all that apply):** | | | | |
|  | Skin needling/Acupuncture^ | |  | Microdermabrasion |
|  | Ear Piercing | |  | Nail services (manicures/pedicures) |
|  | Body/Nose Piercing | |  | Waxing |
|  | Cosmetic Tattooing / Semi permanent makeup | |  | Tattooing |
|  | Electrolysis | |  | Colonic Lavage |
|  | Other (specify) |  | | |
| *^ 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.* | | | | |

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| **Trading days/hours**  e.g. 7am to 4pm Mon - Sun |  |

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| **6. Declaration** | | | | |
| I hereby notify Cumberland City Council of the above information and declare the information provided to be correct | | | | |
| Applicant’s Signature: |  | Date: | |  |
| Applicants Name: |  | |  | |

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| **7. Privacy** |
| The personal information that you have provided in this Form is for Council Purposes only |

