

Hairdresser / Skin Penetration Premise Notification Form

in the Shire of Kalamunda



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 _____

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

Please Sign

Signature of Applicant:

Date:

Further information can be obtained from the Shire of Kalamunda Health Service on 9257 9813.