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**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 |
| **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 City of Kalamunda Health Service on 9257 9999.**