A picture containing text

Description automatically generated

**Hairdresser / Skin Penetration Premises Notification Form**

in the City 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 City of Kalamunda Health Service on 9257 9999.**

|  |
| --- |
| **Payment and Additional Information** |
| **Fees:** As per schedule of fees and charges on the City’s [website](https://www.kalamunda.wa.gov.au/building-development/health/health-fees-and-charges).  **Payment Options:**  In Person: Cash, EFTPOS or credit card at the City of Kalamunda, between 8.30am - 4.30pm Mon to Fri.  Credit Card: Credit card payments will be taken over the phone 9257 9999  –**Credit card surcharge 0.46%**  **Lodging your registration form:**  In Person: City of Kalamunda – 2 Railway Rd, Kalamunda WA Via  Email: [enquiries@kalamunda.wa.gov.au](mailto:enquiries@kalamunda.wa.gov.au)  Via Post: PO Box 42, Kalamunda WA 6926 |